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INQUIRY INTO THE CAUSES OF "BRUIT DE SOUFFLET" AND "FREMISSEMENT CATIAIRE."

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'Upon a particular and general view of all the sources, some quality or property is to be discovered, on which the nature of the thing in question depends, and which may continually be present or absent, and always increase and decrease with that source.'

NOVUM CASANOV.

In an article on aneurism of the aorta, in the Number of this Journal for February 7, I mentioned, in the relation of a case of that disease, two phenomena as constantly present, *bruit de soufflet* and *fremissement catiaire*. These phenomena, which up to the present time have baffled inquiry into their causes, I have had frequent and favourable opportunities of examining, and in compliance with my promise at the end of the article alluded to, I now give the result of my observations.

Laennec, after detailing a number of experiments, and going through some elaborate reasoning, comes to the conclusion, that *bruit de soufflet* is owing to a true spasmodic contraction of the heart or arteries—that it is the product of a simple spasm.

His proofs are, that, in cases which had presented *bruit de soufflet* there was observed, on examination after death, no one certainly concomitant lesion or change of structure, such which he supposed it—that, at the autopsy, all the arterial tunics were frequently found in a healthy state—moreover, that, in some cases, the heart was found in a healthy state, and in some cases, the heart was found in a diseased state, but in no case was the *bruit de soufflet* found to be concomitant with any of the lesions or changes of structure which he supposed it to be the product of.

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the diseased action, of course, remaining after death.

The first of these proofs, namely, the absence of any one constantly accompanying change of structure, or even of any change of structure, is merely negative. It does not authorise the conclusion that Laennec deduces from it. It proves, it is true, that a phenomenon may exist without a change of structure, but it does not prove, that, therefore, spasm is its cause. Only in conjunction with the succeeding proof, namely, the similarity of sounds, can the first be admitted as at all supporting the conclusion.

To the second proof we shall therefore turn, and some of the objections to it I shall take from Laennec's own book. He relates several cases, in which *bruit de soufflet* was accompanied by, or produced, sounds, with intervals of a tone or semi-tone between them. Were *bruit de soufflet* and muscular noise one and the same, arising from one and the same cause, we should naturally expect that muscular noise would produce or be accompanied by something similar; yet, in all the experiments made by Erman and Laennec, there is no notice of any such variety of sound. Had it existed, a coincidence which could have been adduced as so strong a confirmation of the truth of his theory would not have been passed over in silence by Laennec. Listen as long as you will to muscular noise, you hear the same rolling murmur, but never an approach to any thing like musical tones. Again, the *bruit de soufflet* of an artery resembles, occasionally, the ringing of a metallic cord, which vibrates for a long time after it has been touched, "une corde métallique qui vibre longtemps après avoir été touchée." Muscular noise is never thus described by Laennec, but compared to the ringing of a carriage in the distance, "un bruit analogue à celui d'une voiture qui roule à distance." The one is ever a rolling murmur, like that of a sea-shell, and the other is a distinctly vibrating sound. I have chosen the very words of Laennec, in order to show, that even while he considered the two sounds identical, he was aware of the difference.

ence of terms employed in describing them) it, and the sound instantly ceases. In no experiment on the naked arterial trunk have its fibres been thrown into action at all resembling that of a muscle. Haller could not, nor could Bichat, discover in an artery a response to any stimulus. How hard to allow that mere pressure with the finger will effect what no other stimulus can.

Muscular noise is produced not by intense muscular action, but by the very reverse. When a muscle is thrown into a state of spasmodic contraction in maintaining a fixed position against an acting force, the muscular noise is not heard. It is heard in the muscles of hyacinth, nervous, irritable patients. If a delicate boy be stripped to examine his chest, the impression of cold will produce a tremulous motion in the fibres of the pectoral muscles, very perceptible both by the eye and hand, and the stethoscope will give the rolling muscular noise very distinctly. When a muscle, as in trismus, is compressed into a hard ball, its fibres closely wedged together, it gives no sound. To produce it, the fasciculi must be, as in the weak and delicate, in free frequent motion. The sound does not depend on the intensity of action in the muscle, but on the frequency and freedom with which its fibres move. The sound heard in an artery cannot have the same origin; it is quite impossible to suppose any similar motion in the fibres of an arterial trunk; even when an artery is dead, and removed from the body, its fibrous filaments, more closely wedged together, form a more compact, hard mass than the living muscle of the strongest man in the most energetic action.\* It is, in other words, impossible to admit that the *bruit de soufflet* of an artery has the same origin as the *bruit rotatoire* of a muscle.

*Experiment.*—Apply the stethoscope under the outermost third of the clavicle, not allowing it to pass on the subclavian. In a strong healthy man, not agitated, the mere impulse of the diastole of the vessel is felt. Now, compress the artery above the clavicle, so as to diminish the current of blood through it; a loud *bruit de soufflet* is heard. Make strong pressure, so as effectually to stop the flow of blood; no sound is heard. If the sound in this experiment arise from the arterial tube being excited into muscular action by the stimulus of the pressure, why does it cease when the stimulus is increased? If it be owing to spasm, it should be expected to continue at least some short time after the stimulus has been removed; or the artery becoming accustomed to the pressure, if continued, its effect as a stimulus should cease. Neither takes place. Press as often and as long as you will, while the pressure is kept up at a proper degree, you have the *bruit*; remove

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In some cases, *bruit de soufflet* is permanent. In the case of aneurism already alluded to, it was never absent: in another case under my care it has been present constant in some of the larger trunks,) for upwards of six months. To suppose spasm to be its cause, it would be necessary to allow that spasm could continue uninterrupted for such a length of time. To allow this would be absurd.

I have already objected to the error committed by Laennec, in founding a positive conclusion upon evidence merely negative. To atone for the deficiency, and to support the position advanced, that *bruit de soufflet* is owing to spasm, Laennec should have given some direct proof that the arterial fibre, like the muscular, is capable of running into spasm, or of at all performing similar action. He gives not the slightest.\*

\* The experiments and reasoning of Bichat appear to me quite conclusive of the non-muscularity of the arterial fibrous tunic. Hunter was an advocate of the muscularity of arteries, but, in his reasoning on this subject, as indeed on many others, there is a strange want of accuracy. He confounds the capillary system with the arterial, and from observing properties in the one, assigns them to the other. He argues from the capillaries evincing (as in the emotions of fear, anger, shame, pleasure,) properties resembling the muscular, that, therefore, the arteries or larger trunks possess the same. He might as well argue from muscles evincing contractility, that, therefore, tendons possess it; for the claim to common properties is the same in the one case as in the other, namely, continuity of substance. The two systems, arterial and capillary, are continuous, but differ in every other respect, in anatomical character, in action, in function. In the article "Circulation," (Dict. des Sciences Médicales,) written by Lermieux, the distinction between them is laid down, perhaps for the first time, in a clear manner. Bichat assigns them different powers and properties, but not as distinctly as he ought. The objection made above to Hunter's reasoning, applies equally to that of Drs. Philip, Hastings, and Thompson, inferring properties of the arteries, properly so called, from experiments on the capillaries. Bostock speaks on this subject in such a manner, that it is impossible to apprehend his meaning.

\* "Le tissu musculaire est mou, lâche, et fort extensible; le tissu artériel, au contraire, ferme et solide, se rompt plutôt qu'il ne cède."—*et, Anat. Générale.*

He asserts that the urethra, gall ducts, &c. are muscular, and hence infers that so may be the arteries. This is but an argument of analogy, in all cases objectionable, but most so in physiology, founded too on a *petitio principii*. It is obviously too weak to spend a moment in replying to it.

The second phenomenon, *fremissement cataire*, Laennec declares to be more inexplicable than the former, and that with all his research he has been unable to discover the cause of it. He talks of its being a modification of nervous influence, of its depending, perhaps, upon electricity; but it would seem as if he had himself felt the want of meaning of the one supposition, and the folly of the other, for he dwells but lightly on either. The case, already alluded to, of aneurism, gave me the opportunity of examining both phenomena. Over the aneurism, *bruit de soufflet* was so loud, that, from its intensity, I first formed my opinion of the nature of the disease. Pressing the finger between the cartilages of the second and third ribs, *fremissement cataire*, was also evident; and both phenomena, which were present also in the carotids and subclavian, became more distinct as the disease advanced.

In proceeding with this inquiry, it is obviously a matter of prime importance that there should be no doubt that the sensation felt in this particular instance was the identical *fremissement* described by Laennec. From the description, as given by him, there could scarcely be a doubt: Laennec himself, however, removes even the shadow of it. Corvisart, in laying down the symptoms of aneurism of the aorta, says, it sometimes produces a *bruissement*, or rustling, sensible to the hand placed about the middle or top of the sternum. The sensation felt in the case under my care was, beyond a question, this *bruissement*; and Laennec, speaking of this symptom mentioned by Corvisart, says, "*ce bruissement n'est autre chose que le fremissement cataire.*" There can be then no doubt as to the particular sensation felt being the *fremissement* of Laennec.

Before proceeding to ascertain upon what *bruit de soufflet* immediately depends, or to what *fremissement* is owing, I think it necessary to say a few words upon the relation which the two phenomena bear to one another, and to examine whether the opinion of Laennec, that they are not identical, be correct—or whether my view be well founded, that the two phenomena are identical, because all distinction in the one instance is a mere matter of degree, in the other, all that is thought of as requiring a different cause, is produced by the one source or not at all.

Laennec himself, that "nothing is more rare than to find *fremissement* without

in the heart, or in an artery, without *bruit de soufflet* existing equally," and that *fremissement* is never present without the other. *Bruit de soufflet* is, however, sometimes present, without *fremissement*, and on this he founds his objection to their identity. His argument is, that the two phenomena cannot be identical, cannot be owing to the same origin, because *bruit de soufflet* is sometimes present alone. He expected that, were they identical, the two sensations should always correspond. In reasoning thus, he forgets the immense difference in delicacy of perception between the two senses; that the sense of hearing is infinitely more acute than the sense of feeling, that an impression may exist to an intensity sufficient to affect both senses, or may be so slight in degree as to be perceived only by the more acute. The roar of an organ will send through the thickest wall a thrill to the sense of touch; the weak breathing of the same tone will be perceptible by the ear alone. The occasional absence of the thrill does not prove that the thrill and sound have different origins; neither does the occasional absence of *fremissement* prove, that it and *bruit de soufflet* arise from different sources. Whether both senses shall be affected, or only one, depends solely upon the intensity of the impression. The thrill from an organ is never present without its roar, *fremissement* is never perceived without *bruit de soufflet*, and, "in almost all cases, *bruit de soufflet* is much better marked, and more prominent *plus saillant* than *fremissement cataire*." This is precisely what we should, *a priori*, lay down, that the sensation to the duller sense should never be perceptible without the other; and that where the two are present together, the sensation to the acuter sense should be the more striking. Were *fremissement*, the sensation on the duller sense, to be present without *bruit de soufflet*, the sensation perceptible only by the more acute, then, indeed, might it be said that the two sensations had different origins. The sound (*bruit de soufflet*) exists alone, or is accompanied with the thrill (*fremissement*); but the thrill is never felt without the sound.

Laennec's objection to the identity of *bruit de soufflet* and *fremissement* is, therefore, not only without weight, but in that very objection there is a strong proof of their identity.

It might, apparently, be raised as an objection to the identity of the two phenomena, that *bruit de soufflet*, even when in the most intense degree, is sometimes present without any *fremissement*. It might be said, that did the two phenomena depend on the one cause, when that cause, whatever it be, is sufficient to produce very

loud *bruit de soufflet*, it ought to produce, at least, some slight *fremissement*. If fat, fluid, or depth of substance, or other obstacles, exist between the heart, or artery, and the surface, they will interfere very much with the conveyance of an impression to the organ of touch thus obstructing or intercepting, the thrill, while, at the same time, they will act as conductors to the sense of sound, conveying *bruit de soufflet* most distinctly. Thus loud *bruit de soufflet* may be heard in the arch of the aorta without any *fremissement* being felt. The intervening lung will convey the sound, but not the thrill. Should the arch, however, become so much dilated as to come in contact with the pectus, then accompanied *fremissement* is felt. The existence of even loud *bruit de soufflet* without any, even alight, *fremissement* is therefore, no proof of the non-identity of the two phenomena.

I have not given here all my reasons for considering the two phenomena identical. They will unfold themselves as we proceed. I have only made the observations necessary to prove that I render no objection as without weight. Having satisfactorily answered that objection, and having proved that it is even a strong proof of the truth of my views, I may now proceed to inquire to the origin of the phenomena, whether the cause of them is a vital or physical one, and whether an explanation can be given of the anomalous circumstances under which they are frequently met.

In conducting this inquiry, the indirect method is obviously the best to be adopted. The vital and seemingly opposite instances in which the phenomena are observed are then to be examined, comparing particular and general views of all the instances, some quality or property is to be discovered, on which the nature of the thing in question depends, and which may continually be present or absent, and always increase and decrease with that state.

Before going into those instances, it is, however necessary to say a few words on the manner in which the fluid moves. When the arteries are fully distended, when the heart acts equally and regularly, the current is uniform and is at each pulsation, projected in a hindmost jet were one solid mass.\* It is not the movement of the

blood, is proved by this, that each impulse of the left ventricle, instead of travelling onwards, is felt at the instant of its being made in the extreme trunk of the arterial system. This is very different from the motion of an ordinary current. In the latter, an impulse at the source travels onward. The particles that constitute the body of stream move at very different rates, those at the centre with the greatest velocity, and at varying degrees of rapidity as they recede from it, or may meet with obstacles, a compound motion is thus produced a movement of the whole mass forward, and with it an incessant, irregular motion of the constituent particles, within themselves, and against the sides of the conduit or channel. In the living horse, in such a state, the arteries being always quite full and equally distended, and the heart's action being regular, the blood cannot assume this motion of a current, but must ever move in the way already described.

If by any cause the regularity of the artery's motion be interrupted, or the full and equal distension of the arteries obstructed, the motion of the blood then becomes that of a current, and, at the same instant, *bruit de soufflet* and *fremissement* cause become evident.

When aneurism is present upon us in the experiments above related, the phenomena received the motion of the blood in the artery immediately beyond the contracted part (looking from the heart) is no longer as before. A small stream is now rushing from a narrow orifice into a wider tube, and continuing its way through surrounding fluid. The motion is that of a current, the sides of the artery, instead of being acted upon by a body of fluid moving forward almost as a solid mass receive the impulse of a stream whose particles are in motion with different degrees of velocity. The rushing of the fluid is combined with a trembling of the artery,\* and the sensation to the organ of touch is the *fremissement* of Lacaze, the *bruissement* of Corvisart, and, to the sense of hearing, *bruit de soufflet*.

In aneurism the phenomena are present. In aneurism, the natural size of the vessel

thing. The attraction between the blood and it must be almost as little; for when an artery, through which blood has just passed, is examined, not a particle is found to have adhered to the sides. The friction and attraction, then, are so trifling, as not to be worth taking into account.

\* Le toucher démontre l'existence d'un mouvement que les artères ont dans les anévrysmes de l'aorte qui donne une sensation semblable venir froter ou vibrer sous le doigt du stéthoscope. — Lacaze, *op. cit.* p. 116.

\* It may be said that this assertion is not true, that the surface is a well-known fact in chemistry, that when a column of fluid is moving, the friction, the

no particle can move, all round, with the sides of the tube, is delayed by the friction and attraction of the sides of the tube. The arteries are lined by a membrane so exquisitely smooth, that the friction between it and the fluid must be almost no-

bears the same relation to the cavity of the heart as that the constricted part of the artery in the experiment above bears to the undiminished calibre beyond, and the effect on the blood's motion is the same. The parietes which receive the impulses are of much greater magnitude, so are the sound and thrill intense in proportion. In narrowing of the auriculo-ventricular communication in the heart, the narrowed opening, and the cavity of the ventricle, bear the same relation to one another, as the constricted and free portion of the artery in the experiment, and as the natural-sized vessel, and the sac of the aneurism. The effect on the blood's motion is the same. The motion is converted into a stream, rushing from the narrowed part, and whirling within the ventricle, a motion very different from that which takes place into a natural-sized ventricle from a full-sized valvular communication, is fully

al to that of the ventricle, so that the motion of the blood into it from the auricle a movement *en masse*, the particles in front repelled all equally forward by the particles behind, the ventricle dilating for their reception, a movement that cannot be continued when the valvular communication is narrowed. In the healthiest heart however, from the ventricle dilating to receive the flowing blood, there must be some slight whirling current, and, accordingly, in the healthiest heart there is some sound always accompanying its action. In dilatation of the ventricle to any extent, the sound is lost, and the degree of aneurism is a proportion to the size of the ventricle, or conversely the degree in which this current like motion exists. In simple dilatation there is a loud soft, diffused murmuring sound, from which *bruit de soufflet* only differs by its sharpness, this sharpness depending on the stronger but diminished current, and the less extent of surface acted on.

In slight narrowing of the valvular communications, *bruit de soufflet* is heard alone. If the narrowing be considerable, so that the motion of the blood into the ventricle becomes still more that of a current, producing, of course, a corresponding increase of impulse, *fremissement*, even through the fleshy parietes of the heart, is then superadded. In the case of aneurism already

given, the two phenomena were intense in degree, and they could be felt, even to demonstration, to be dependent on the motion of the blood, its eddy or whirl, and the consequent vibration of the parietes of the sac.

The phenomena in all these cases are most plainly perceived when the current-like motion of the blood is strongest, in the experiment of pressing on the artery upon each impulse of the heart—in the aneurismal sac, also upon each impulse—in narrowing of the valvular communications of the heart, upon each contraction of the auricle.

In all the instances adduced, the quality or property continually present or absent, and always increasing and decreasing with the phenomena, is the change in the blood's motion its motion, as a current instead of its movement *en masse*. In accordance with the best rules of philosophising, therefore, am I justified in drawing the conclusion, that to this altered manner of the blood's motion are the phenomena owing. It is present, no matter how other circumstances may vary, in all, increasing and decreasing with the phenomena when slight in degree, producing the sensation named *bruit de soufflet* when of sufficient intensity, causing *fremissement* in addition.

(To be concluded.)

## FOREIGN DEPARTMENT.

ADMINISTRATION OF THE PARISIEN HOSPITALS, AND MODE OF EFFECTING A SUBSTITUTION TO THE MENTAL GENERAL DADMISSION.

Most of our readers are probably aware, that the Parisian hospitals are not, like those of London under the management of private individuals, but that most of them are supported by the government, and that all, even those originally founded by private persons, (as the *Hospitiaux de Saint Necker*, *Cochin*, &c.) are under its control, a system which allows of their having a common focus, and being under the direction of the same authorities, viz the *Administration Générale des Hôpitaux et Hospices civils de la Ville de Paris*, a board to which the care of all the hospitals belong, as well as that of the institutions connected with them, such as the *Pharmacie Centrale*, *Boulangerie Générale*, *Bureau des Nourrices*, &c. This board occupies a large building in the centre of the city, near the *Hôtel Dieu*, containing a great number of offices, and meeting-rooms for the various committees who assemble there weekly. One

Le bruit de soufflet existe presque exclusivement dans les sujets atteints d'un rétrécissement des orifices de la circulation pulmonaire (fremissement) et d'un rétrécissement dans presque toutes les artères. Il n'est pas retourné en un bruit de soufflet par l'induration des artères, mais par la constriction des artères. Larroque loc. cit.

of the most important departments is the Bureau Central d'Admission, which is under the direction of four physicians and surgeons, to whom every application for admission into a hospital must be addressed, and who, after an examination of each applicant, determine which hospital is to receive him. In consequence of this method of distributing the patients, separate hospitals have been appropriated to particular diseases, as the Hôpital des Capucines for Syphilis, St. Louis for chronic exanthemata, &c. After the morning visits of the physicians and surgeons in their wards, the steward (Agent de Surveillance) of every hospital makes his report to the Bureau Central, which is thus enabled to survey all the hospitals, and to have exact information as to the number of beds, which, at any time, may be disposed of. That such a control as that of the Administration Générale is best adapted to check those abuses, which are so easily introduced into separate hospitals, and that it is especially advantageous in an economical point of view,\* will but too clearly appear to any one, who draws a comparison between the hospitals of Paris and those of London.

But this is not the only advantage which it offers; the study of medicine and surgery is also benefited by it, since it regulates the appointment of medical officers to the public institutions. Every year, in November, under its superintendence, a public examination (*concours*) is held, to which every student is admitted, and in which a jury, consisting of two hospital physicians and three hospital surgeons, decides on the election of the candidates to the places of "*élèves externes*." (On the "*élèves externes*" and "*internes*," at the French hospitals, vide No. 174 of THE LANCET.) The examinations which the candidates have to undergo, are on anatomy, physiology, surgery, &c. Another "*concours*" is opened for the appointment of "*élèves internes*," who are elected from the "*externes*." The election of hospital physicians and surgeons, although entirely dependent on the Administration Générale, has hitherto been of a much more arbitrary kind; it is however to be expected that, in consequence of an inquiry addressed by the minister of the interior to the Académie Royale de Médecine,† all abuses of this

description will be abolished, and that, in future, the election of all medical officers to public institutions will be made dependent on public examinations.

From the above description of the Bureau Central, it will appear that its medical officers hold a situation of the highest importance, and the mode of electing them sufficiently shows that it is considered so by the Administration Générale. We shall give a description of the "*concours*" for the appointment of surgeon to that office, as it was lately held.

On the 9th of January the jury, nominated by the Administration Générale, and consisting of MM. Portal (President), Breschet, Cullerier, Bouquier, Guérin, Magendie, Gerdy, and Nères, proceeded to the public examination of the eleven candidates, in the Amphitheatre de l'Administration. Their first trial was to give an extempore lecture\* of twenty minutes' duration; the subject, in which they were required immediately to begin, being, for half them, the *spinal chord and its functions*, and for the remainder, the *pneuma gastric nerve*.

The second examination took place on the 10th and 20th, when each of the candidates had to give a lecture of twenty minutes, after having been allowed a similar time for preparation. The subject was drawn from an urn by one of the candidates, and was for half of them, the *symptoms of penetrating wounds of the abdomen, their diagnosis, according to the wounded organs, and their treatment*; for the others, to *determine what diseases require the ligature of the common carotid, how the operation is to be performed, and what are the inconveniences which may result from it*. Two of the candidates withdrew their names, one after the first, the other after the second examination.

The third was on the 23d of January, and consisted in the composition of an essay on the *different methods of bleeding, and the indications and contra-indications to it*. The candidates were allowed six hours for this purpose.

of improving the laws concerning the study and practice of medicine, and the appointment of medical officers. As soon as the report of the Académie is published, an extract of it shall be laid before our readers; thus much only may be observed here, that the zeal with which the publicity of the future examinations for the election of hospital physicians and surgeons is insisted upon, and the liberality, according to which any one is admitted as a candidate, forms a striking contrast to the "*hole and corner*" proceedings at the London hospitals.

\* The oral examinations, as well as the written compositions, were in French.

\* The average daily expense of maintaining a patient in a Parisian hospital amounts, according to the *Annuaire de la Société Philanthropique*, "to no more than one franc, 65 centimes," (about 1s. 4d.)

† Since this time numerous meetings of medical practitioners have been held in Paris, and almost all the principal towns in France, to determine upon the best means

The fourth trial consisted in a written composition, which was to be delivered within a fortnight, and printed at the expense of the Administration. Each candidate drew his subject from an urn, and afterwards defended his thesis in the presence of the jury.

The fifth and sixth examinations took place in the Amphitheatre de la Pitié, and consisted in operations on the subject viz., on the 20th of February, the excision of the arm at the elbow joint, and the ligation of the external iliac, and on the 5th of March, the extraction of cataract in the right eye, and the ligation of the anterior tibial artery, at the upper part of the leg.

At the termination of the 'concours,' M. Berard was unanimously elected, and, as it seemed, to the general satisfaction of the medical public.

The journals *La Clinique* and *La Lancette Française*, contain detailed reports of the respective examinations, so that there can be no doubt of their being perfectly public.

#### AMPUTATION OF THE ARMS OF A CHILD DURING LABOUR.

Much sensation has lately been excited amongst the medical public in France, by the trial of Dr Heke, of Cherbourg, in the Department de l'Orne, for alleged improper treatment of a case of labour, in which both arms presented, and the mother, after 21 hours ineffectual pains, appeared to be in imminent danger, the child having, during the last ten hours, exhibited no signs of life, and the arms, being violently compressed by the os uteri, were swollen, hard and in a state approaching to gangrene. Dr Heke, having in vain attempted to turn the child, resorted to, what appeared to him, the only means saving the mother's life, viz., amputation of both arms. After the operation, the child was readily born, it was alive, and survived the midwifery, the wounds which, according to H.'s assertion, emitted not a drop of blood either during or after the operation, were simply dressed and speedily healed. The parents of the child brought an action against Dr. Heke, but the Tribunal professed its incompetence to decide on the case, and applied to the Académie Royale de Médecine, which referred the matter to a committee, consisting of five of its members. The first report which they made was decidedly unfavourable to Dr. Heke, it, however, met with much opposition when communicated to the Académie, and was returned to the committee for reconsideration.

\* M. M. Bouchard, Deneux, Gardien, Morvan, &c.

The second report, although not so severe, was also against Dr. Heke, and the third report, which was to be considered as decisive, was expected on the 12th of March, when a long discussion on the subject was anticipated in the Académie. As far as appearances go, it seems that the practitioner was certainly very blameable, and that the decision of the Académie, and, consequently, the verdict of the Tribunal, will be against him.

#### STRANGULATED HERNIA REDUCED BY TRACTION.

The Journal of Rust, (vol. xxvi. p. 107,) contains the history of an individual, affected with strangulated hernia, in whom repeated attempts at reduction having been ineffectual, the operation was to be performed; but when it was proposed to the patient, he was so frightened at the very mention of it, that the intestine spontaneously receded.

#### REMARKABLE CASE OF ILEUS.

Professor Lobstein, of Strasbourg, has lately published a valuable work on morbid anatomy,\* from which we extract the following interesting case of intussusception. A peasant girl, of about 30 years of age, living at Hehl, near Strasbourg, was, without any apparent cause, seized with the most violent symptoms of ileus, which, although very judiciously treated, continued for about a fortnight, after this period the patient, who was evidently in a dying state, had a copious stool, by which she felt greatly relieved, the most dangerous symptoms speedily disappeared, and she ultimately recovered. On examining the evacuated matter, a long piece of intestine was found in it, which was subsequently sent to the author; it was three feet in length, had its mesentery attached to it, and was formed of all the three membranes, which could be easily separated from each other, it was of a dark colour, but not gangrenous, or softened; the internal lining exhibited some ulcerations. The intestine was perfectly pervious, and had been divided at both ends obliquely. The piece of mesentery attached to it was of a white colour, and contained fat between its two laminae, on separating which, the blood-vessels were found changed into whitish filaments; no traces of lymphatic vessels could be discovered. Nearly five months after the above attack, the patient died from indigestion, as it appeared, and after having a few hours before death been

\* Traité d'Anatomie Pathologique, par T. F. Lobstein, Prof. de Clin. int. etc. tome 1er, in 8vo. avec planches. Paris, 1839.

was upon this that his views of disease rested."

This part of the Doctor's statement is certainly an assertion in defiance of reason and common sense: surely the Doctor cannot mean to contend, that many remote causes, as sudden changes of temperature, impure air, &c., will not have the effect of either directly *increasing* or *diminishing* the action of the vascular system, and thereby producing organic disease.

The Doctor then proceeded "to say a few words on the subject of its cure. He was of opinion that there was wanted a medicine (a specific, I presume) which would alter the buffness of the blood, and if this could be obtained, a most important point would be gained. There was for the cure of buffy blood—that is for the cure of disease—but the means of totally eradicating the buffy blood from the system. When the last drop of this could be drawn away, then the patient would be well, and only then."

By recommending this dangerous practice, the Doctor, I lament to say, does not appear to be aware of the consequences of endeavouring to eradicate the buffy blood from the system by the free use of the lancet, and that in a multitude of cases, almost the last drop that flows from the dying patient will have the buffy appearance (but, in some cases, a short time previous to death this appearance is not observable). In proof of this, see case sixth in Dr. Marshall Hall's Essay on the Effect of Loss of Blood, Dr. Scudamore on the Blood, Mr. Bennett's, Mr. Jewell's, and Dr. Copland's remarks on Dr. Gregory's paper at the Westminster Society, and also my Experiments (in *THE LANCET*) on the Blood of Animals, and Blaine's Veterinary Outlines, page 238.

The next brilliant idea of the Doctor's, after alluding to the cure, is, that "he believes that colchicum, nitre, and such other medicines, were the most complete for this purpose, in cases of rheumatism, that had yet been obtained, but they were not fully effectual. There was wanted some other medicine."

Thus the learned Doctor, by reasoning from false principles, and taking the effect for the cause of disease, recommends the unlimited use of the lancet, and, at the same time, wishes to discover a medicine, a specific, of course, the operation of which is to cure disease by eradicating the cause from the system, which he believes to be buffy blood, but which my experiments prove to be only an effect, and to be produced from opposite causes, such as either directly *increase* or *diminish* the circulation of the vascular system. For the information, as well as consideration, of the learned Doctor, I have subjoined a list of the principal re-

mote causes which give the venous and arterial blood of animals a buffy appearance, and which, at the same time, gradually diminish the vital power of the blood, the vessels, and body, and thus produce organic disease.

#### *Remote Causes of Buffy Blood,*

Which, by directly *diminishing* the circulation of the vascular system, produce direct debility, and predispose the body to disease.

Impure air, want of food and exercise.

Very low temperature, with want of proper food and exercise.

Long exposure to wet and cold, with deficiency of food and exercise.

Continued doses of digitalis, &c.

#### *Remote causes of Buffy Blood.*

Which, by directly *increasing* the circulation of the vascular system, produce organic disease.

High temperature alone, or in combination with high feeding.

Violent or long-continued exertion.

Severe pain from a variety of causes, whether produced from open joints, punctures in the feet, &c., or violent stimulants given internally; or from large or repeated blisters applied to the surface of the body, either in health, or when diseased.

The abstraction of large quantities of blood at short intervals, when the animal is in health, or labouring under disease.

Royal Veterinary College,

March 23, 1849.

#### EFFICACY OF THE ROOT OF RYE.

##### *To the Editor of THE LANCET.*

SIR,—Should the following, amidst the multiplicity of communications with which your invaluable Journal teems, be of sufficient import to allow of its occupying a space in your pages, I shall esteem it a favour if you will so publicly throw the well-circulated channel of *THE LANCET*; and am, Sir,

Your obedient servant,

JOHN J. NEWINGTON.

Stoke Newington, March 24, 1849.

At the beginning of January of the present year, I was consulted by a lady, who had become pregnant during the eighth month of her last pregnancy, her third child, with a view to her in heretofore being a healthy woman, that during her pregnancy she had been in a very bad state of health.

she much feared she should not survive the period of her delivery. Upon inquiring into the cause of this alarming preface, I was informed, that immediately after the birth of each of her former children, she was seized with uterine hæmorrhage to an immoderate degree, which, in the latter case, induced extreme exhaustion, vomiting, fainting, great difficulty of breathing, with coldness of the extremities, and a clammy perspiration, from which state she did not rally for many hours, and that life was completely despaired of. She then lived in a country town, and the accoucheur who attended her, after an unsuccessful application of the usual restorative means, conscious of the responsibility that awaited him, sent for two neighbouring practitioners, who, after a deliberate consultation, determined, as a last resource, to try the effect of transfusion. As they had a considerable distance to send for apparatus necessary for the operation, some delay was occasioned, and, happily for the patient, during this interval, favourable circumstances occurred, which, in the opinion of her attendants, superseded the necessity for its performance. From that time, with the exception of extreme debility, no untoward symptom arrested the progress of her recovery, which was gradually completed in about ten weeks. From the history of this lady's former situation, I thought, that if similar symptoms should now present themselves, it might not be imprudent to administer the *secale cornutum*, as, in analogous instances, I had heard of its being given with the happiest results; and it affords me the greatest pleasure and satisfaction to adduce the following case, demonstrative of the active, and I may almost say, miraculous effect of this most important medicine.

On the 22d of February, at 11 o'clock A.M., I was called upon to attend; on my arrival, I found that uterine action had commenced, and, on examination, the os uteri was dilated to about the size of a shilling, the membranes protruding, and the pains pretty strong; these continued at intervals of twenty minutes, till three A.M., when, as the dilatation remained unaltered, I left, and desired to be immediately sent for, in case of any alteration. I called again, about ten A.M., when I found my patient in *status quo*. I waited two hours, the pains then becoming less efficient, and, in order to allay unnecessary irritability of the uterus, I gave her thirty drops of tinct. opii; this produced three hours' comfortable sleep, after which the pains came on with increased violence, and the os uteri dilated to the size of a shilling; at half past eight in the evening, the membranes were discharged, the head was expelled into the pelvis, and I was enabled to terminate the case, by the use of the *secale*, and less effective.

till five o'clock the next morning, when hæmorrhage began to take place. I immediately gave her one scruple of the *secale cornutum* in powder, in a little warm water; in ten minutes the uterus renewed its action, and in less than fifteen more, a fine healthy male child was expelled; this was succeeded by a second attack of hæmorrhage; I repeated the dose of *secale*, and in about five minutes the placenta came away. She had no more hæmorrhage; contraction of the uterine fibres took place; she had a moderate discharge of lochia, and in three weeks I had the gratification of seeing my patient busily employed in her usual domestic avocations, perfectly convalescent.

#### USE OF SULPHATE OF QUININE IN INTERMITTENT OPHTHALMIA.

To the Editor of THE LANCET.

SIR,—Should you think the following cases worthy of insertion in your valuable Journal, in corroboration of the article in your last week's Number, under the above head, you will oblige your constant reader,

F. MOORE.

Mrs. P\*\*\*, London Road, about 48 years of age, had, for the last three or four years, been subject to violent intermittent headach, which lasted generally for five or six hours, and totally prevented her following her avocations during the paroxysms. In July last, she had another attack, when the symptoms were precisely the same with the case of Dr. Meuser's, excepting that they commenced about six o'clock in the morning, and were not confined to the right or left side, but extended over the whole forehead. Various remedies, such as depletion by the arm, leeches, diaphoretics, saline purgatives, and lotions, had, on former occasions, been tried, but with tardy success. On this occasion, the first remedy was the sulphate of quinine, in three-grain doses every six hours, in *infus. roseæ*, which had the effect of retarding the paroxysm from six until half-past eight; the same medicine was repeated for three days, when the patient felt herself quite relieved. In about six weeks after, Mrs. P. had a return, when six grains of quinine, given at bedtime, combined with ten minims of tinct. opii, completely prevented another return up to the present time.

J. L., living in the Mint, (Borough,) about 36 years of age, complained of a dull throbbing pain above the left eye, which gradually extended over the forehead, at-

tended with a profuse watery discharge at the nose, and followed by perspiration.— Says the attack comes on every morning about seven o'clock. On examination, the conjunctiva of the left eye was seen to be much injected; the right partially so; violent throbbing of the temporal arteries; distention of the external jugular, and increased heat of the face on the left side. Ordered, as the bowels were rather confined.—

R *Hyd. submur.* gr. iij.;

*Ext. cologn.* gr. viij.; to be taken directly.

A mixture, with liq. ammon. scab., infus. sennæ, magnes., sulph., and mint water, to be taken four times a-day, and six leeches to each temple, felt no relief on the following day, but the same treatment continued, on the 3d, thought the slurring and headach more violent, inflammation of the face and forehead more intense, secretion of tears and mucus of the nostrils not so diffuse; felt always relieved after a copious discharge of tears and mucus; bowels relieved three or four times a-day, and of a healthy aspect; urine scanty and high coloured. Bled from the arm to ℥iij., the medicines to be repeated, with a refrigerant lotion to the forehead and face; this treatment was pursued for six days, without any success, when the sulphate of quinine was given in four-grain doses every four hours, and a draught, with six grains, at bed-time. On the following morning the symptoms were much relieved, and by persisting in the same course, the patient was entirely cured in the space of a week. From the commencement of the exhibition of the quinine, the pulse ranged from 80 to 90. After the first day, it fell from 80 to 76, at which it continued.

The first case was exclusively under the care of Mr. Coulthard, of the Borough, a most scientific practitioner. The second case was treated by myself.

Islington, March 23, 1829.

#### CASE OF PURPURA HÆMORRHAGICA.

To the Editor of THE LANCET.

SIR,—If you consider the following case of purpura hæmorrhagica, treated by Dr. How, at the Alnwick Dispensary, worthy of a place in your Journal, you will oblige me by inserting it.

I remain, Sir,  
Your obedient servant,  
THOMAS HEAD, House Surg.

Alnwick, Northumberland,  
March 21, 1829.

Alice Paterson, aet. 18, a washerwoman by occupation, of a spare habit, and fair complexion, was admitted to the Dispensary, March 7th, with petechiæ over the body, particularly the chest, arms, and legs; complained of headach, pains in her back and abdomen, which was hard and tender under pressure; she was feverish, and had much thirst; the tongue was covered with a whitish coating; sickness, and vomiting of a bilious-coloured fluid; bowels confined; catamenia regular; pulse about 90, soft, and compressible. Ordered calomel, gr. iij.; pulv. jalapæ comp. ℥ij. every three hours; three doses were taken without effect, when ℥ij. infus. senn. com. sulph. magnes. ℥j. were given in two equally divided portions at an interval of two hours, which procured three feculent evacuations.

8. Pain in the abdomen somewhat relieved, which is now soft and less tender; a frequent desire to go to stool; the evacuations consist almost entirely of blood, which is of a scarlet colour; tongue covered with a dark dry incrustation in the centre, the edges cleaner and more moist, thirst urgent, a bloody tough mucus collects about the mouth and throat, and causes great distress. Pulse scarcely to be felt, and very rapid; the vessels of the conjunctiva have a suffused appearance, urine rather scanty, and high coloured, but free from blood. Seen by Dr. How, who ordered the following application—Pulv. opii, gr. vj.; adipis suillæ, ℥j. M., to be rubbed into the spine along the course of the cervical vertebra, and ol. ricini, ℥ss. to be taken immediately.

Six o'clock, vespere. Continues to get worse, greatly annoyed by the collection of mucus in the fauces, with constant unavailing attempts to get it up, pulse imperceptible, breathing laborious, an injection, with ℥ss. spt. terebinthinæ, was ordered, but did not succeed.

Night o'clock. Evidently sinking; feet and hands cold; pulse cannot be felt; countenance much altered; sinapisms ordered to the feet, and ℥ij. of port wine were given. She gradually sunk, and died at nine o'clock. Continued sensible to the last.

#### Inspection eighteen hours after death.

Upon opening the chest, the lungs externally appeared rather darker than natural; internally they presented a dark congested appearance, and upon pressure, a bloody frothy mucus oozed out; a portion placed in water floated; the right lobe was adherent to the costal pleura, throughout its entire extent; the adhesions were not so recently of old standing; on the left side, the adhesions were trifling, and of recent formation, about half of the surface of the

fluid were found,\* the heart and large vessels appeared healthy; the peritoneum presented marks of increased vascularity, especially the omentum, but was free from adhesions; the liver was healthy, with the exception of a few petechiæ, under its peritoneal covering; the gall-bladder was filled with healthy bile. The stomach, externally, natural; internally, it was unusually vascular, and had a great number of small spots, some of a bright scarlet colour, others of larger dimensions, and of a darker hue, and which appeared effused under the mucous coat; it contained some dark fluid, which gave out the sour odour of wine. The mesentery was very vascular, as also the peritoneal covering of the small intestines; the ileum contained a bilious-coloured matter; the mucous coat was red, and covered with petechiæ; the large intestines were empty, and presented the same appearance; the mesocolon showed much venous congestion. The bladder appeared healthy; the kidneys were not examined. Permission could not be obtained to examine the brain.

EXTENSIVE ORGANIC DISEASE, AND PRES-  
SURE OF THE BRAIN WITHOUT COMA.

*To the Editor of THE LANCET.*

SIR,—Having witnessed the progress and termination of the following case, under the care of Mr. Wilkinson, at Peckham, I have, with his permission, drawn up the following statement of it, which you may, perhaps, consider worthy of insertion in your interesting publication,

And remain yours, &c.,

W. G. EVERETT.

Peckham, March 25.

A young woman, *ætat.* 20, servant of all work in a family at Peckham, had been, for the last three years, occasionally subject to severe pains in the head, which were sometimes attended with a purulent discharge from the right ear, and slight derangement of the general health. The attacks had been, however, for the last few months, both less frequent and less violent; and she had, latterly, been quite free from them, with her general health very much improved.

On February 3, 1829, she was attacked with severe headache, with occasional pains in the abdomen, and a sensation of soreness

in the throat, and hoarseness were preternaturally increased, through the whole extent of the mucous coat, but were perfectly confined to the throat, and were perfectly confined to the throat, and were perfectly confined to the throat.

over the whole body. The pulse was 90, and rather full; the tongue coated, and the bowels constipated. As accumulation, in consequence of the obstruction, was considered to be the principal feature, and the cause of pain in the head, five grains of calomel, with strong purgatives, were given, but without effect. In a few hours after, eight grains of calomel, followed by still stronger purgatives, were taken, and with the same unsuccessful result; until at last, by a continued perseverance in the same active remedies, the difficulty was removed, and copious evacuations procured. During the exhibition of these medicines, a lumbricus terreus, of about five inches in length, was discharged from the stomach. On the fourth, after the full action of the above remedies, the pain in the head was much less, and she was, in every respect, better. She continued improving till the next morning, when the pain in the head suddenly returned; but instead of occupying, as before, the back part of the head only, it became more acute in the right temporal region, affecting also the right eye, which was partially closed and suffused. The iris of the same eye was contracted and immovable, the muscles of the right side of the neck rigid and painful; she laid constantly on the right side of the head, and the least attempt to remove her, occasioned the most painful and indescribable sensations in that part; she now became slightly delirious, but was perfectly sensible when roused. As it was now evident that the affection of the head was primary, and the pulse being strong and full, she was bled to 3xxx. The blood drawn was very much buffed and cupped. On the following morning, there being no amendment in any of the symptoms, she was again bled to 3xxiv., and, in the evening, 3viij. more were taken from the back part of the neck by cupping, but with little abatement of the pain. On the following morning, the patient suddenly became comatose, her pulse 140, intermitting, and so low, as scarcely to be felt. Irides immovable and contracted, respiration stertorous and hurried, &c. Mr. Wilkinson now wished to open the temporal artery, but was prevented by an aunt of the patient, who, from some superstitious motive, would not allow her to be disturbed. After remaining in the state described for about five hours, she expired.

*On examination eighteen hours after death.*

The dura and pia mater every where presented marks of acute inflammation. The vessels of the former were excessively turgid; the right ventricle filled with dark-coloured, thick, very fetid pus, around which, to some extent, the brain was completely disorganised. The other parts of the

right hemisphere, and a small portion of the left, were also in a softened, pultaceous state. At the inferior part of the right middle lobe was an irregular ulceration, about three lines in diameter, of the dura and pia mater, communicating by a large elongated sinus in the substance of the brain, with the ventricle. A part of the petrous portion of the temporal bone, about half an inch in length, and a fourth in width, was in a completely carious state. Through this part, and immediately corresponding to the aperture in the membranes, was an opening perforation opening into the cochlea. The membrana tympani was entirely obliterated, so that a probe passed into the external meatus, and went directly into the tympanum. There was a slight deposition of lymph on the superior and anterior part of the left hemisphere. The other organs were not examined.

It is remarkable that, for some weeks previous to her last attack, the patient's health had been unusually good, and there was not, until within three days of her death, the least intellectual derangement. She had become so robust and healthy in appearance, that it was particularly noticed by her friends, and attributed by them to the healthy situation in which she had recently resided. When the advanced state of the disease, and its most probable progress to that state, are considered, there can be no doubt of its having existed for several months, if not for a longer period. The ulceration of the membranes, the destruction and perforation of the bone, and the obliteration of the membrana tympani, must have been the gradual and successive effects of a long continued pressure and contact with the diseased fluid, indeed it might be supposed, from the complete communication formed between the external ear and the ventricle, that the discharges of pus to which she had been liable, proceeded from this part, and it so, the disease might, very probably have been in progress since the first occurrence of the headach, and other symptoms. My chief inducement for requesting the publication of this case is, the hope that it may elicit, through the medium of your valuable Journal, some explanation of the numerous and various which it presented. I wish to ask your readers how the absence of coma in this case is to be accounted for, when not only pressure, but even extensive organic disease existed, without producing it? and also, how it is possible that a patient with such disease, could not only be free from any functional disorder, but improve in health and strength, and be capable of pursuing an active and laborious occupation?

#### RETENTION OF THE PLACENTA AFTER ABORTION, DURING THREE MONTHS.

*Communicated by W. THORNTON, Esq., Surgeon, R. W. Middlesex Militia.*

THE latter end of April I was sent for to see a lady, who had aborted at a little beyond the fifth month. The placenta did not come away after the expulsion of the embryo. The lady continued in a bad state for three months, and had frequent discharges till the following July. When I was sent for to see her, I was informed that she had been taking a ride on horseback, and on her return home had been attacked with slight pains and an uterine hemorrhage. These symptoms lasted but a short time, and again returned, they were now more severe, and were followed by the expulsion of the placenta. The lady again became pregnant, and now enjoys a good state of health, &c.

The placenta weighed eight ounces. Substance hard, shape and size of a large pear, and had a dark, livid appearance.

Uxbridge, March 19, 1829.

#### DELINQUENCIES OF LECTURERS AND STUDENTS AT ST BARTHOLOMEW'S.

*To the Editor of THE LANCET.*

SIR,—As the letter of a "Bartholomew's Pupil," in your Number of the 14th inst., applies entirely to the delinquency of the students, you, perhaps, may not be unwilling to notice that fault in the lecturers, but prior to my saying any thing about them, permit me to say a few words as to the continuance of the ill behaviour complained of by your correspondent. Throughout the whole of the lecture, the gentlemen in the lower part of the room are much annoyed by those who frequent the gallery, (merely to amuse themselves in a childish idle manner, which, no doubt, they think very manly, but which is certainly the other extreme,) throwing missiles, of various descriptions, at them, and, consequently, drawing away their attention from the object and matter of the lecture. Is not this most reprehensible? Can those students presume to call themselves gentlemen, who behave in this unbecoming and indecorous manner? A few nights ago, during the time Mr. Lawrence was lecturing, one of the above-mentioned persons threw a piece of orange-peel on the table. This Mr. Lawrence did not notice; which was decidedly wrong in him.

I will now turn to the lecturers. Still

Lawrence often takes his seat before the appointed time, which is not correct. Mr. Stanley marches into the theatre about ten minutes after the half hour after two. One of the demonstrators at the school in Aldersgate Street makes his appearance at a quarter, or twenty minutes, after nine, instead of nine o'clock. Dr. Clutterbuck, who by-the-by has unaccountably taken it into his head to compel the whole of the students, attending his lectures, to have a new ticket of admission at the commencement of every course, usually walks in about twenty minutes, or from that time to the half hour, after ten, and of course detains us, sometimes, till long after eleven, thereby shortening the time we have for dissecting. The conduct of the lecturers to whom I have here alluded is certainly not right. I trust you will notice my letter at your earliest convenience, that the remarks made may have a good effect on those to whom they apply.

In wishing you a long continuance of that prosperity you have hitherto enjoyed, I subscribe myself

Your well-wisher,  
And constant reader,  
F. G. L.

20th March, 1829.

#### MONOPOLY OF THE PRIVILEGED.

To the Editor of THE LANCET.

SIR,—Perusing this evening *The Morning Chronicle* of Friday last, I observe that Mr. Warburton has obtained leave to bring in a Bill to facilitate the procuring of bodies for anatomical purposes. From the time the subject was first introduced to the notice of the legislature, I have (doubtless in common with hundreds of my professional brethren) anxiously looked forward to the passing of the Bill, in the hope that its benefits would be impartially extended to every member of the medical profession; that practitioners in the country might be enabled by it to renew and improve their anatomical knowledge, and instruct their pupils, without being driven to the revolting alternative of resorting to the aid of the resurrectionist. In this hope, however, I fear we shall be grievously disappointed, as it now appears that the Bill is intended only to relieve the "privileged" teachers of anatomy. Mr. Peel, in making some observations on the expediency of the measure proposed by Mr. Warburton, states, that "in his opinion it would be requisite to take precaution, that those who acquire anatomical bodies should be licensed, in order that the privilege thus conferred to them may not be abused, and that some should procure these bodies but that who are not entitled to such a pri-

vilage;" evidently meaning, by "those who are fairly entitled," anatomical teachers only. Now why are not all medical men "fairly entitled to such a privilege?" The unjust tendency, and the inconsistency of this opinion of Mr. Peel, must, I think, be obvious to every one, particularly when taken in connexion with the observation he almost immediately afterwards makes in combating the objection, that the burden would be thrown wholly on the poor. "The rich," he says, "are always able to command, by purchase, the advice of the practised and the skilful man, while the poor are compelled to resort to those whom the expensive impediments thrown in the way of instruction has left ignorant and inexperienced;" and, consequently, the poor would be the class that derived the greatest benefit from the measure. But how are the poor to be benefited, if "the ignorant and inexperienced" are compelled to remain so? And how are those "ignorant and inexperienced" men to become "practised and skilful," if none but lecturers, or surgeons attached to large hospitals, are "fairly entitled to the privilege" of being relieved from the "expensive impediments" to anatomical knowledge? Why should such obstacles to the attainment of perfection, in a profession of such vast utility, be allowed to remain, when they might be so easily removed? Why, I repeat, are the benefits of the Bill to be extended only to the "privileged" few? and why should not every properly educated medical man be enabled, practically, to instruct his pupils in anatomy? Sir, you have ever been the champion of the general practitioner of the "subordinate degree" of the profession, and to you they must ever be indebted for what you have already achieved. Sir, you cannot approve of this "privilege" matter, and I hope you will oppose it with all your power.

Your most obedient servant,  
F. B. H.

March 18, 1829.

#### DISSECTION.—UNCLAIMED BODIES.

To the Editor of THE LANCET.

SIR,—In the hospital ship *Grampus*, there are, I think, at present, 150 patients. The mortality in this institution is very great, and out of fifty (we will say, by way of illustration) who expire there, not more than five are claimed by surviving relatives. Could not this be considered as one of the sources whence bodies for dissection might be obtained, without distressing the feelings of any one?

Your obedient servant,  
JOHN P.—E.  
London, March 16, 1829.

## DERIVATION OF "HERNIA."

To the Editor of THE LANCET.

SIR,—Would you allow insertion to the following query in the pages of your widely-extended Journal, and thus oblige yours,

J. B. M.

Birmingham, Feb. 21, 1829.

Is it not more probable, that the derivation of the term *hernia* should be from *ῥήρυς* vel *ῥήρις* (forming per metathesin *ῥήρις*, *rumjo*;) than from the usually given theme, viz *ἔπος*, *ramus*, *germen*?

By this means we shall obtain the incipient *h* in *hernia*, which *ἔπος* cannot give, being without an aspirate; we shall have a more intelligible theme, for *rumpo* is the verb from which we have our English term *rupture*, and we shall also have a verb as the base, which, as Professor Long remarks in his introductory lecture at the London University, "the examination of the facts which a language exhibits, and the application of the inductive system, will generally bring us to."

\* \* If our Correspondent should be as young a man as we take him to be, he will, perhaps, forgive us for recommending him not to waste the laudable spirit of inquiry by which he appears to be animated, on pursuits which are rather curious than useful. The time spent in weighing syllables and elaborating etymologies would be far more profitably employed in the investigation of facts. We cannot pretend to much skill in the learning of derivations, but as our Correspondent has forced us into the Chair, as a sort of consulting etymologist, we must endeavour to acquit ourselves as well as we can in this new office, and show him why there is no foundation for his conjecture.

*Hamer* is the Latin synonym for *hernia*, and as *samer* is derived from *ramus*, so *hernia* is, by the same analogy, and from the same supposed resemblance of the descending portion of the intestines to the branch of a tree, derivable from *ἔπος*. Our Correspondent is mistaken in supposing that *ἔπος* is not aspirated. Celsus, indeed, gives another etymology for the word *hernia*, for he tells us that, in the language of the

Sabines, that word signified a *stone*, and that the disease was so called on account of the hardness which it occasioned in the surrounding integuments. As to our Correspondent's conjecture, we must remind him that when, by virtue of his metathesis, he has put the cart before the horse, and got *ῥήρις* from *ῥήρυς*, he has still made but an indifferent approximation to *hernia*. This sort of etymological *hocus pocus* reminds us of the derivation of the English word *hen* from *ava*, per apocopen, for *avasa surrexit* because the cock's crowing makes you rise in the morning.

DR. SAMUEL JOHNSON.

To the Editor of THE LANCET.

SIR,—Some of the circumstances given in Dr Wilson's account of the *post-mortem* examination of the celebrated Dr. Samuel Johnson, which appears in THE LANCET of this day are so incorrect, that they may, with propriety, be said to be untrue, and you will, perhaps, be unwilling to correct them, and thus relieve the memory of that very great man from the unmerited stigma which the account, as it now stands, is calculated to fix on it.

Cruikshank and James Wilson were surgeons, and, therefore, are not to be called Doctors, which they never were. Cruikshank was the regular medical attendant upon Dr Johnson, during the last four or five years of his life as it appears that James Wilson was present at the examination of Dr Johnson's body, he must have been so in the capacity of a student doctor to Cruikshank, because, at that time, he had not commenced practice as a surgeon, and was then employed as dissecting assistant to Cruikshank and Dr. Baillie, in Windmill-street, at the time that I was a pupil there. Having been employed in assisting Cruikshank to examine the Doctor's body, it was natural that, as a young man of talent, Wilson should take minutes of what he saw, and even heard, there. In doing this, he might have misunderstood, and, therefore, misrepresnted, something that was perhaps said by another; but, at all events, he could not have written what he did write from his own knowledge, because I am quite certain that he never was in the same room with Dr. Johnson, while Dr. Johnson was alive, and never afterwards, but on the single occasion that has been

mentioned. The truth is, that Dr. Johnson sometimes employed himself in forming conjectures upon matters connected with medicine, in which he displayed no knowledge of that subject; he was always much terrified at the thought of death, and when his final exit was fast approaching, the principal cause of which was said to be dropsy, and when his lower extremities were very much swelled, he fancied that if they were punctured, water would be evacuated, and he should be greatly relieved, and, perhaps, quite cured. Cruikshank thought otherwise; he believed that the fatal termination of the case was rapidly approaching, and, therefore, that such puncturation would be useless, if not injurious; and having formed this opinion, he evaded all the Doctor's requests to perform that operation, without assigning his reasons. The Doctor, under the influence of his own opinion, and irritated by these repeated refusals to comply with his request, did by some means procure a lancet, and in a paroxysm of anger, declared that he would puncture his legs himself. Two persons were present, from one of whom I received this information. This gentleman, being more alarmed than his companion, propagated a report that Dr. Johnson was seized with a fit of insanity, and had attempted to destroy himself with a lancet. Some modification of this report might have come to the ears of young Wilson while he was in the house, and thus have passed into your Journal, under the grave assertion, that Dr. Johnson shortened his own life, by scarifying his legs, because he was disappointed in not seeing his medical adviser so soon as he expected. In truth, he did not die until several days after he had punctured his legs in the manner that I have related. I had my information from Mauritius Lowe, an unfortunate gentleman and artist, who was so much connected with Dr. Johnson, that he never passed a day, when the Doctor could be seen, without being some part of it at his house. This unfortunate man, and some of his children, had suffered most severely from scrofulous diseases, and had received important professional services from Cruikshank, who introduced him to Dr. Johnson.

The Doctor, for many months before, and at the time of his death, had a very great enlargement of the scrotum, from accumulation of water in that part, as well as in the abdomen and in the extremities. This is another proof, that the *post-mortem* examination was not conducted with very great attention.

Lowe had suffered most severely from scrofula in the testes; upon this subject I had rendered him assiduous service, and in consequence, he suggested to Dr. Johnson

that he might derive benefit, or at least comfort, from keeping the scrotum suspended. This object I had the satisfaction to accomplish, and I continued to attend Dr. Johnson from the very beginning of his illness until his death. It was this circumstance that led me to know more of Dr. Johnson's situation than I should otherwise have done.

As your reporter said, that James Wilson's paper was one of extraordinary interest, it is proper that the real facts should be known.

I am, Sir,

Your most obedient servant,

T. SHELDRASS.

7, Devonshire-street, Portland-place,  
March 28th.

#### THE LONDON AND SOUTHWARK MIDWIFERY INSTITUTION.

THE second anniversary dinner of this Charity was held at The Crown and Anchor Tavern, on Thursday; the Sheriff of London in the chair. Nearly one hundred gentlemen on this occasion sat down to dinner. In the course of the evening many excellent speeches were made, from which, and the relation of cases, the usefulness of the Institution was abundantly elucidated. One grand point insisted on was the propriety and necessity of endeavouring to obtain for it a more extensive degree of female patronage, the humane objects of the Charity being confined solely to that sex. With this view it was suggested, that ladies be invited to grace the next anniversary dinner with their presence. The health of the surgeons to the Institution, Messrs. Waller and Doubleday, was greeted with loud applause; and these gentlemen having briefly returned thanks, the convivialities of the meeting were maintained to a late hour.

#### LONDON GENERAL INSTITUTION,

##### For the Gratuitous Cure of Malignant Diseases.

THE first anniversary dinner of this Institution was held at the London Coffee House, on Thursday, anniversary. The Lord Mayor presided. A very large and respectable company attended, and a considerable number of subscribers was added to the funds. The Secretary, amongst other statements, announced that the Charity had received the sanction and patronage of his Majesty, after its object and merits had undergone a careful and satisfactory investigation by Mr. Peel. The health of the surgeon to the Institution, William Marsden, Esq., was proposed in a neat encomiastic speech by the Lord Mayor, and was drunk with the enthusiastic plaudits of the company. Mr. Marsden returned thanks in an appropriate speech, and described at considerable length the nature of the Institution, and the benefit it is likely to effect.

## THE LANCET.

*London, Saturday, April 4, 1829.*

In *The Morning Herald* of Monday a statement appeared, under the head of Police Reports, which, if the evidence of the party who preferred the charge, a young woman of the town, were true, would go far to prove, what is indeed sufficiently probable, that the crimes which have disgraced the Scotch capital are in a course of perpetration in this metropolis. Mr. Broughton, the magistrate, in addressing the prisoners, is reported to have said, "that he had not a shadow of doubt in his mind, that they intended to murder the girl for the diabolical purpose of disposing of her body." The evidence of a girl in the complainant's unfortunate condition of life is, of course, to be received with caution, and the influence of terror may also affect the credit which is due to her account of the outrage she suffered, and the further atrocities which she declared to have been meditated. That there are miscreants ready to turn to a practical account the "bloody instructions" they have received through the disclosures at Edinburgh, no man who knows any thing of the state of crime in this metropolis can doubt; nor can any man who knows any thing of that vulgar chapter in the statistics of this metropolis, which relates to the want, the misery, and the destitution of its inhabitants, doubt that from the friendless unsheltered portion of our fellow-countrymen living victims may be securely selected for the supply of those human shambles, which, after the neglect of the dreadful warning the Scotch crimes have held out to us, may be said to be kept open for their reception.

The case reported in *The Herald* on Monday, was, on the same day, brought under the notice of the House of Commons by Sir CHARLES BURNEL. The Hon. Baro-

net declared that, "in his opinion, the crimes recently disclosed rendered it necessary that a new law should be passed, and with the utmost speed too, to preserve the lives of his Majesty's subjects, and especially the poorer part of them. He appealed to the heart and feelings of the House and the country, and he begged the Right Honourable Secretary for the Home Department to direct the law officers of the crown to protect, by some new enactment, the persons of his Majesty's subjects, and to take care to make provision for bringing to justice every surgeon who should receive bodies without due inquiry."

To this call, Mr. Secretary PERL answered by observing, that

"He knew nothing of the case to which the Hon. Baronet had referred; and he thought, therefore, that he could not take it for granted that that case had occurred. He trusted that the Hon. Baronet would not suffer his indignation to overrule the apprehensions of his calmer judgment. It certainly appeared to him that it would be difficult to make the punishment for offences against the person more severe than they were. By the law, as it now stood, all attempts against the life of an individual, whether by drowning, suffocation, shooting, or cutting, were punishable with death; and he must, therefore, again say, that he did not see how the punishment could be increased. Even the same attempts, with only the design of doing some grievous bodily harm, were, as the law at present stood, punishable in the same way, so that it appeared to him, that every thing had been done which it was possible for the Legislature to accomplish. With respect to the surgeons, the measure which was now under the consideration of the House, for the better supply of dead bodies, would afford a field for discussion on that subject; and, in the course of it, the House would have an opportunity to consider, whether it would be right to require medical men to take out a license prior to dissecting. In his opinion, therefore, no law could give greater security than the one which at present existed on the subject."

If these be the sentiments of the Right Honourable Secretary, and if the measure about to be submitted to Parliament be regulated by the view which he appears to take of the evils which call for legislative

remedy, neither the public nor the medical profession are likely to be benefited by that measure. Mr. PEEI's reply to the Hon. Baronet's observations, is not only cold and concisely—the Right Honourable Secretary never lacks conceit, nor is ever, we believe, betrayed into warmth of feeling, except at the wrongs which his personal vanity may have received—but it has nothing to do with the point which the Hon. Baronet's observations brought into question. The horrible disclosures at Edinburgh have brought to light a new species of crime—new to the public, though it has probably long been practised—against the commission of which, as the law stands at present, there is no sufficient security. But the Home Secretary says, that as all attempts against life, whether by stabbing, suffocating, or other means, are at present punishable with death, no law could give greater security. If this argument were not as futile as it is free from the “humane indignation” for which the Home Secretary rebuked the Hon. Baronet, the consolatory inference from it would be, that people must submit to the liability of being butchered for the sake of the price which their corpses may fetch at the shambles of the lecturers. But it was truly and pertinently observed by SIR CHARLES BURNELL, that “if surgeons would take bodies into their dissecting-rooms, without inquiring how the parties had come by their death, the public would have as much to guard against the surgeons as against the body-stealers.” Undoubtedly, it is against the traffic between anatomists and assassins that the public have a right to be protected, and there is no existing law which affords them such protection. The public want not to be told with oracular importance, that an attempt to commit murder is already a capital offence. What they want is, protection against the receivers of murdered bodies, as well as against the wretches who may be tempted to commit murder for the sake of the money with

which their crimes may be rewarded. The existence of the dissecting-rooms in this metropolis, in the present state of things, is an invitation and an incitement to crime; and as the teachers of anatomy have not had the humanity and the decency to suspend the detestable traffic in human flesh, until the Legislature should have provided some remedy for the evil, we contend that it was the bounden duty of the executive government to exercise its influence and authority, in order to abate a public nuisance. So far, however, it should seem, is the Home Secretary from being moved by the continuance of the disgusting traffic between anatomists and resurrectionists—so far is the Home Secretary from feeling himself called upon to take any extraordinary steps to put down an unlawful traffic, which has led to the slaughter of sixteen human beings in the Scotch capital, and which may, by this time, have occasioned the slaughter of many a houseless wanderer in this metropolis, that he coolly tells us the law can give no greater security to human life; sneers at the warmth of indignation betrayed by the Honourable Baronet, who brought forward this subject in a manner which will secure to him the approbation of every man of just feeling in the country; exhorts that Honourable Baronet to regulate his horror of crime, “by” the apprehensions of a calmer judgment; and, finally, intimates that it will be time enough, when Mr. WARBURTON'S Bill comes on for discussion, to inquire whether it may not be expedient to grant to particular surgeons licenses for dissecting. Licenses for dissecting! And this is all that the Home Secretary deems necessary in the way of remedy for an evil which has led to the commission of crimes of unheard-of atrocity—crimes that, for any thing that licenses for dissecting would effect, may still continue to be committed with every prospect of impunity. The law, we are told, can give no greater security to human life than it affords already—if sixteen hu-

man beings have certainly been butchered, and many more have probably been slaughtered in consequence of the connivance at the practice of dissection by a violation of the laws, this is a state of things which cannot be remedied by a penal enactment, and, as for the lecturers, they may be licensed to dissect, as stage-coach drivers and publicans are licensed to carry six inside and sell porter. Of a truth, this must be confessed to be a most enlightened view of the anatomical question; and a politic view withal, for the granting of licenses to dissect, may create a new branch of patronage, oil the wheels of corruption, and strengthen the hands of the government and the great unpaid. Neveys and Noodles may be taken under the wing of the powers that be; and the same surgeons, who possess a monopoly for operating on the living bodies of the poor, may obtain the exclusive privilege of dissecting the victims of their unskillfulness. This, we confidently predict, will never do. We deny the cold-blooded proposition, that no law can give greater security to human life. Human life has been sacrificed, and is still liable to be sacrificed, through negligence, supineness, and a culpable connivance at a violation of the laws on the part of the government, and the public has a right to call for fresh securities. Anxious as we are to see due facilities afforded to the study of anatomy, and zealously as we have laboured to obtain such concessions in behalf of our professional brethren, as might place the practice of dissection on a safe, and, as far as may be, an unexceptionable footing, we deny that these objects, however important, are for a moment to be put in competition with the security of the public against assassination, or the crimes, short of murder, which may be committed by the organised gang of thieves and burglars now in the pay of the teachers of anatomy. The public have a right to this protection, let what will come of the study of anatomy, and the

practice of dissection. And to render the practice of dissection compatible with the public security, it will be necessary to extinguish the trade of the exhumator, not only by establishing a legitimate source whence subjects may be obtained, but by declaring every species of traffic in the dead body of human beings unlawful; and by passing a law of sufficient severity, to render it in the highest degree unsafe for surgeons to receive a dead body under other circumstances than those sanctioned by the Legislature.

We are sorry to find a morning journalist appearing in the new character of an enemy to benevolence, and even in that of an apologist, *sub modo*, for the purest and most un-mixed diabolism. *The Morning Chronicle* improves upon the sneers in which Mr. PEARL indulged, at the supposed expense of Sir CHARLES BURNELL. The following observations, considering the case to which they are meant to be applicable, will find little favour, we suspect, either among the reflecting or the humane readers of *The Morning Chronicle*, if we must needs separate its readers into these classes, and take it for granted, according to the theory of the Editor, that benevolence is incompatible with reflection.

"Now this excess of humanity in Sir C. BURNELL, which demanded for its gratification a vigour beyond the law, may lead us to suspect that the framers of our Black Acts and similar enactments, who had seen the misery caused by the cutting of dams, and confiscations executed by us going about with blackened faces, &c., were most humane men, and really meant well to their species. The circumstances of the country are now changed, and we wonder merely at the enactments, unable to account for the indignation of the BURNELLS of those days, to whom we are, no doubt, indebted for them. If any Honourable Member were to obtain a law enacting that every body of which the death by natural means could not be proved, found in the possession of a corpse, should be visited on such surgeon, who, he would be popular beyond compare. The misfortune would be that the surgeon would be executed. Every surgeon who received a dead body would instantly take care to

destroy all possibility of evidence against himself. Fifty years hence the law would be cited as a proof of the unreflecting barbarousness and stupidity of our times.

"If we wish to do good to our fellow-creatures, reflection is of more consequence than good feeling. We must not legislate in passion. If the legislature is in a passion, the criminal is cool; and if passion blinds men, interest makes them sharp-sighted. Benevolent intentions without judgment are the cause of most of the evils under which mankind suffer. Though we all prefer ourselves to others, yet we are all naturally benevolent also. Few men intend cruelty or injury to others. The misfortune is, that the best intentions, when not under the guidance of sober judgment, often lead to more mischievous consequences than could have resulted from the purest and most unmixed diabolism. We are in dread of benevolent men; for the goodness of intention of which they are conscious leads them to be more indulgent to their speculations and reflections than they ought to be; and the benevolent and warm temperament is unfortunately more characterised by an impatience to give effect to its intentions, than to foresee and appreciate correctly the consequences which must grow from them."

The ridicule which is here cast on the Honourable Baronet loses its sting, when it is remembered that the writer of the article is the only person who has dreamed of punishing surgeons with death for the unlawful possession of a dead body; and that, however successfully he may have shown the absurdity of visiting such an offence with so disproportionate a punishment, he is combating a phantom of his own creation. It does not follow that, because it would be absurd to make the trafficking with resurrectionists and assassins a capital offence, it would not be highly expedient to restrain such traffic by a punishment commensurate with the offence, and this is the plain answer to all that is humorous in the observations of *The Chronicle*. As to the theory touching the danger of benevolence, how does it apply to the Scotch murders? Sixteen human beings have been slaughtered in succession to supply the wants of a single Scotch doctor, and it would be an outrageous assumption to suppose, during the period in which these

sixteen murders have been committed, six lives have been saved by all the anatomical skill of all the Scotch doctors in Edinburgh. If we lay humanity out of the question, therefore, and are as unmoved by the atrocity of the Scotch murders as *The Chronicle* can desire, we must still come to the conclusion, that the good to be derived from dissection is not worth the cost of so unsparing a destruction of human life. Yet *The Chronicle* would prefer the pure diabolism which generated these crimes to the absurd benevolence which seeks to restrain surgeons, as unscrupulous and as little inclined to ask questions as the Scotch doctor Knox, from encouraging their commission. The metaphysics on which this writer's dread of benevolence is founded may be admirable, but in what school has he learned his humanities? For our own parts, we have no fear that the world is likely to be overstocked with good feeling, and we are satisfied that false reasoning and selfish sophistry have wrought more evil among men than the excess of natural benevolence. Whether the *Chronicle's* new-born admiration of the man whom he was wont to ridicule as a shallow pretender to statesmanship, and whom he once reproached with being red-haired and cruel, and cruel because he was red-haired! Whether this new-born admiration of Mr. PEARL be the result of reflection or benevolence, we know not; whatever may be the cause of the conversion, its value is certainly somewhat affected by the manifest disposition of our contemporary to become, at the same time, the apologist of "pure and unmixed diabolism."

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THE proceedings at several inquests which have been held in the course of the last ten days, demonstrate, in a striking manner, the necessity of appointing men possessed of medical information to fill the office of Coroner. In almost every case

which comes before the Coroner, the inquiry into the cause of death involves a medical, not a legal question; and none but medical men can duly estimate the value of the testimony by which the verdict should be governed. We shall take an early opportunity of calling the attention of our readers to this subject.

## WESTMINSTER MEDICAL SOCIETY.

Saturday, March 21, 1829.

Mr. ARNOTT in the Chair.

### CONTINUATION OF THE DISCUSSION ON THE ALLEGED EFFICACY OF TANNERS' BARK IN PULMONARY CONSUMPTION.

Dr. DODD thanked the members for the attention they had given to the subject of his late communication. Since the last meeting, he had made inquiry of the stewards of the Societies in Bermondsey, but could obtain no information from them, as the Societies provided only against sickness, not death, and the diseases were not particularised. As the subject was important, he proposed that the Society should institute a regular inquiry on it; he saw no other way of arriving at the truth. Besides these, he had made other inquiries, one of them at the Surrey Dispensary, where, however, the books were not kept with sufficient accuracy to enable him to rely on them for information. Dr. ROE, however, did not know of a single instance of phthisis amongst the tanners, who went there for relief, though the applicants were very numerous. These men were subject to catarrh, but it did not progress to consumption. He had, however, met with one young man in a tannery at Bermondsey, with great tightness of the chest, and his medical man said he would die, but he (Dr. Dodd) thought his life was, or would be, preserved by his occupations. The apparatus of which he had spoken was in the lobby, and might be examined by the members. In conclusion, he observed, that those men in the trade who were termed bark tanners, and were most exposed to the process, were by far the most healthy class.

Dr. SOMMERVILLE complimented Dr. Dodd on his paper. He believed that tanners were more free than other men, but he considered, that before the conclusions of Dr. Dodd could be justly drawn, the history and

nature of phthisis ought to be closely examined. As yet, so unsettled were the doctrines on the subject, that no plan of treatment had been laid down, and medical men acknowledged no cure for it. It had not been sufficiently discussed; until within the last 15 years, they had not even been accurately acquainted with its various stages, and certainly a more intimate knowledge of the pathology of the disease was necessary to enable physicians to prescribe with advantage in its various states. It had too often been considered a fatal disease. What we did know on the subject, had been in great measure derived from the French: to them we owed the stethoscope. He thought it right to say a word or two on the subject of this valuable instrument, the production of a Laennec, and a second Laennec was not to be found. In the use of it every thing depended upon the hands in which it was placed; unfortunately, it got into those of ignorant as well as skilful men; but the stethoscope was of so delicate a nature, that its character, he feared, suffered injury from this; those who best knew its application were the least hasty in deciding on its indications. No prudent man would rely entirely upon it. In the early stages, more, he thought, was to be accomplished by change of climate, and attention to diet, than any thing else, but when tubercles were once formed, nothing could be done for the patient.

The CHAIRMAN observed to Dr. Sommerville, that he thought it was not in order to go beyond the immediate subject of the efficacy of oak bark.

Dr. SOMMERVILLE wished to make but one additional remark; he thought Dr. Dodd's theory in great measure good, but it must be remembered, that the possession of health was so indispensable to the labourer of the tanner, that no men were employed without it, and thus it was, perhaps, that explained the reason why tanners were found to be so free from disease.

Mr. BENNETT objected to the indiscriminate manner in which the word consumption was used; for, in fact, it included a great variety of diseases, some of them curable, and others not; that stage of phthisis in which tubercles were developed, never could be cured. Tubercles might be stationary for some time, but if they advanced, the cure was hopeless; for this there was a mechanical reason: they produced such cavities or caverns in the lung, that it could not be contracted for the purposes of life. The patient must sink under such circumstances. It was true that scrofulous tubercles could be cured, but these would suppurate, and the cavity close up, but the mechanical lesions of the lungs were past the healing art. The aroma of bark might prevent the development of tubercles, or check

their advancement when stationary, but it could do no more.

Dr. MACLEOD had been eleven years connected with an institution in which tanners were often admitted, and had never known an instance of phthisis amongst them. He thought the observations of the last gentlemen rather inconsistent, and protested against the doctrine, that we owed our knowledge of morbid anatomy to the French. It was a general sort of statement, which gentlemen ran away with, especially if they had lived much in France; but if they had spent much of their time in the English hospitals, they would have seen sufficient to induce them to think differently. He denied the mechanical impossibility of curing tubercles; the caverns might be, and occasionally were, cured; oftener, perhaps, than Mr. Bennett was aware of. That which nature herself would effect might be effected by art, and the aroma of bark appeared to him, as far as the evidence yet went, the most probable of all the remedies proposed; at all events, Dr. Dodd's statement had not yet been contradicted.

Mr. BENNETT observed, that as far as Dr. Macleod's observations went, they could not apply to him. Though he had passed a considerable time in France, in anatomical studies, he had spent double the time in English hospitals previously. He agreed that very small cavities might be cured, but large ones, such as he could put his fist into, never could.

Mr. BINGHAM repeated his opinions of the last evening, and illustrated them by a long disquisition on a certain bottle of tooth powder, during the description of which the members became rather impatient. He thought Dr. Dodd's plan might be improved upon; ladies and gentlemen might imitate bark tanners, by shovelling oak bark about in a large room; aroma and exercise would then be united.

It was suggested, that Dr. Dodd's apparatus be put upon the table, and while it was bringing up, Dr. Dodd stated, that it was his intention to take advantage of Dr. Milligan's late offer of some experimental patients. He was not chemist enough to analyse the fluid from which the aroma arose, but if any person would do it, and make known the results, he should be much obliged to them.

Mr. STEWART made some observations, in a very low tone. He considered the few diseases were more regular in stages and results than phthisis, and it should be checked at first. Consumption to a top-yard for him would be a remedy worse than the disease.

Mr. CURRIE stated, that it had fallen to his lot to see much of this disease. He had come to the Society, on the announce-

ment of the question, with his mouth wide open, to swallow any remedy that could be suggested. He had seen every mode tried that had been proposed, all without success. He had once even flattered himself that he had discovered a plan of treatment that would cure the disease, and he had high authority at the time for believing it; but though the patient to whom he alluded was relieved for twelve months, the second year the complaint returned, and the third he was in a tottering condition. He had come, therefore, to the meeting, with a strong impression on the subject, but the paper of Dr. Dodd had almost converted him; and he was compelled to say, that if Dr. Dodd could establish his statements, they deserved the utmost attention of the Society and the profession. With this feeling he had left the room, bent upon making his own inquiries, and confirming the proposition he had heard, and at an early hour he waited on a gentleman, a highly respectable and opulent man, whose opinion he immediately asked. He had been a tanner for seventeen years, and had employed forty or fifty men annually. "And what kind of men were they?" he inquired. "Oh, healthy and fine men, all of them." "Are they never ill?" "No, never." "Then, if they are never ill, there is no such thing as consumption amongst them?" "No; but go into the tan-yard, and make inquiry." He did so; unfortunately the men were at dinner, but the foreman, an intelligent man, was there. "Were there any complaints of consumption in the yard?" "Oh, yes, Sir." "Are you sure of it?" "Oh, yes." "Did any of the men die of consumption?" "—Oh, yes, we buried one only a week ago: there was another man who died of consumption, after he had been a tanner fifteen years; it came on while he was working over the pits." This man knew of three other cases also; one of a weakly man, who was obliged to leave the business, and died twelve days after. These facts completely changed him; he went almost a disciple, and came away a sceptic. These were strong facts, and such as he would afford Dr. Dodd ample means of investigating; but he was sure it was of no avail. He remembered a case of a consumptive patient, the sister of the Marquis of Cholmondeley, who was completely encased in bark for this disease; in fact, she wore constantly, at the request of Sir H. Hallford, a chemise

bark, but it was quite useless.

Dr. SMITH considered great praise due to Dr. Dodd, for the manner in which he had pursued this subject, especially when he saw a parcel of impudent empirics, such as Mr. St. John Long (bravo! and hear, hear!) springing up in the country. He thought atmosphere of great importance to

the consumptive patient, or why were phthisical patients sent to such climates as that of Italy. He had no doubt that Mr. St. John Long made his patients imbibe some peculiar atmosphere; and that by dietry, and great stimulants, he, in some degree, relieved them; but this was all, for by his total and gross ignorance of medicine, he soon sent them to their graves.

Dr. Dunn was very grateful for all the compliments paid him. He thought it was proper that the great dissipation of tanners ought to be taken into account, by those who were opposed to his views; whatever case was mentioned against them, he should like to see the medical man who had attended it. In answer to a question from Dr. Gregory, of what diseases tanners really did die, and at what average age, Dr. Dodd acknowledged that they certainly were, by no means, long-lived; the average age was about fifty.

Mr. BURNETT was astonished to hear in one and the same breath that tanners were healthy men, and yet short-lived. The fact was, with regard to their freedom from consumption, that the moment their lungs were diseased, they were obliged to quit the yards; the reasoning was plain enough. Whoever heard of a Quaker being lunged? He was turned out beforehand. Whoever knew boys at schools to die of consumption? The moment they were ill, they were taken away; but was *propria quæ maribus* to be considered as a specific at schools for phthisis; and as for putrescence, as some had alleged, being a possible remedy, how came it that nightmen were not more healthy than other people.

Mr. BURNETT instanced a case of a phthisical gentleman in Paris, who was relieved by attending the dissecting-rooms—Mr. Burnett quoted a case at the Webb Street School of an opposite kind—Mr. Chinnock confirmed the suggestion that sick workmen were soon sent from tan-yards to die somewhere else—Dr. Gregory stated that the records of tailors gave more deaths from consumption than those of any other trade—and Dr. Dodd having made a concluding appeal in favour of his views—the meeting separated.

Saturday, March 23, 1829.

Dr. A. T. Thomson in the Chair.

BONES OF THE CRANIUM, HOW KEPT TOGETHER.—CONSUMPTION.—TETANUS.

In the absence of a member who was to have made some communication to the Society, Mr. Thomson read a paper on the alleged resemblance of the upper part of the human

skull to the arch or dome of architects, the analogy between which he denied,—combating the opinion generally entertained on this subject by anatomists and natural philosophers. The paper, the arguments of which included details far too elaborate to allow justice to be done them in a report, went to prove, that no pressure whatever could be exerted, under ordinary circumstances, on the temporal, by the lower margins of the parietal bones—that the temporal had, in its connexion with other bones, no provision whatever for resisting pressure—that if pressure occurred, the temporal would be the most easily dislodged of any of the bones in the base of the cranium—that the parietals were hung upon each other, and upon the frontal and occipital bones in such a manner, that every point of their lateral and superior margins was hung as it were by a hook—that the frontal and occipital bones were held in such close apposition with the parietal, that the hooks of the latter could not readily be removed from the reverse hooks of those bones on which they hung—that the occipital was the chief source of the firmness of the two bones, (the frontal and occipital) on which the parietals hung—and that the occipital derived its principal binding power from its being balanced on the spine, as on a fulcrum. In establishing these positions, Mr. Thomson considered he was detracting nothing from the evidences of wisdom which the supposed analogy was intended to point out, but that Nature exhibited even greater ingenuity in the artifice of the skull, than the author of the disputed notion originally intended to attribute to her.

If, observed Mr. Thomson, in summing up his arguments, the parietal bones were divided into individual pieces of greater or less breadth, by lines drawn parallel to the mesial line, each of the pieces so obtained might be considered as a beam of bone, hung, without any reference to its arched nature, entirely upon the frontal and parietal, and merely connected with its adjacent beams for the sake of greater security. It was true, that the arched nature of these beams gave them greater strength in opposing vertical pressure; but by considering that the bounding lines of these beams ran parallel to the mesial line, and the planes in which they laid as converging to the inferior mesial line, we might regard each beam, except the last, (transversely considered,) as a wedge; for the external table being broader than the internal, the former was prevented from falling inwardly by vertical pressure, from the resistance opposed by the adjacent beams, a resistance that was fully secured by their hanging upon the frontal and the occipital by their own hooks. Hence we could scarcely suppose

these bones as acting the part of arches laterally or transversely to the mesial line, because it was evident we could remove one of these beams without the rest yielding or falling in. Nature had the more effectually provided for the full action of these transverse wedges, by uniting them into one bone, thus adding the force of cohesion to the principle of the wedge. He did not mean to deny, that the bones of the skull formed a kind of arch, or dome, but that their structure by no means presented such an arch as was usually supposed; for, from what he had described, the frontal, parietals, and occipital, were so connected together, that they would allow of no lateral thrust, and their pressure, therefore, must be quite vertical upon the bones, or parts of bones, which supported them. Finally, Mr. Thomson considered that the fact of the cranium being so connected as to form a dome without lateral thrust, was not so curious a circumstance as that its pieces should be so constructed into a dome; the whole weight of which was, under any circumstances, capable of being collected into so small a space as is given on the top of the spine; and that this small support should be the means of securing the absence of lateral thrust, must, he thought, strike us as indicating a perfection of design which, while it demanded our utmost admiration, altogether baffled our powers of expressing it.

No discussion ensuing on the subject of the paper,

The CHAIRMAN shortly afterwards observed, that he was acquainted with a trial which had been made at New York and Philadelphia, of another remedy for tubercular consumption. Wool was taken from the back of the sheep, and burnt, without preparation of any kind, in the room of the consumptive patient. One patient, however, had since died, and the other, though still alive, was sinking. The irritation of the chest was, in some measure, lessened; but the extremely disagreeable effects on other parties in the house had caused the discontinuance of the remedy. Dr. Barton, who proposed it, had used it in external ulcers with considerable advantage.

Dr. GREGORY, in absence of any other speaker, related a case in which tetanus and rigidity had followed inflammation of the feet, with excessive pain, consequent upon exposure during a frosty night; but Dr. Gregory having fallen asleep a few seconds after assuming his seat, and continuing in that state during the observations which followed, we presume they were not calculated to produce any great interest, and therefore omit them.

## LITHOTOMY IN THE HORSE.

The following are the particulars of the operation of lithotomy on a horse, mentioned in our last Number, as having been read at the meeting at the College of Physicians. In addition to the cases of lithotomy already published in this Journal by La Fosse, Mr. Lucas and Mr. Mogford,\* (see pages 61 and 319, Vol. II., 1837-8) which have been successful, we have now to record another, which was lately performed by Mr. Assistant Sewell at the Veterinary College; but, in this instance, the calculus appears to have been little more than one-third the size of that which was extracted by Mr. Mogford, which is stated to have weighed nearly five ounces.

An aged hunter (chestnut gelding), the property of the Honourable G. A. Broderick, was admitted into the College stables in February last, for some affection of the bladder, frequently staling turbid and bloody urine. After remaining there some time without getting better, and without any explanation of the nature of the disease having been attempted either by the Professor or the operator, and the usual College routine of practice having been gone through, the animal was given up to the College for experiment; and the Professor's assistant, Mr. Sewell, it appears, examined the bladder, through the rectum, in the usual way, by introducing the hand, but was not satisfied as to the nature of the disease; for, prior to commencing the operation, he stated that he *did not know* whether a stone existed in the bladder, or whether it was a tumour; but he believed he could feel a something!

The operation was performed after the horse had been thrown and secured, by drawing the penis from the sheath, introducing a whalebone probe up the urethra, and cutting down on it in the way Mr. Mogford did; but although the calculus was but diminutive, the external excision was made so small that it could not be extracted, and the opening into the bladder was enlarged five times, with a probe-pointed bistoury; and ultimately the stone extracted. The operation occupied nearly half an hour; considerable hæmorrhage occurred, and notwithstanding the force used with the forceps, which, at one time, were pulled by two persons, the horse soon recovered, and is now doing well, the operation having been performed upwards of a month.

To the thinking and enlightened members of the veterinary profession, it must

\* M. Girard, Director of the Royal Veterinary School at Alfort, has published a Memoir on Lithotomy in Horses.

certainly appear extremely strange, that a case of so rare occurrence at the College should be sent for discussion to a set of Dubs, and others, and not to a Veterinary Society, of which there are two in London, and to each of which Mr. Sewell belongs. Physicians are a class of medical men, who, as a body, Mr. Coleman has repeatedly asserted, never make good veterinary practitioners. How comes it that the men who compose the conclave in Pall Mall East, should be competent to discuss and judge of the merits or demerits of a surgical operation on the human subject, when their laws prevent even surgeons from being admitted amongst them? This we must leave Messrs. Sewell and Coleman to explain.

#### ON THE EFFICACY OF THE ERGOT OF RYE.

By R. SMITH, Esq., Chertsey.

ALTHOUGH the pages of your valuable Journal contain many cases of the efficacy of the ergot of rye in protracted labours, yet I am induced to offer the following, as particularly illustrative of its influence under circumstances favourable for its being given.

On Sunday week last, I was requested to visit Mrs. P—, who had been in labour since the Friday morning preceding. She was nearly 40 years of age, short in stature, and not (in the usual acceptance of the term) a well-formed woman. She had been the mother of two still-born children, at the premature period of seven months, but had now gone the full period of utero-gestation. An intelligent midwife was in attendance on her, from whom I obtained an outline of her case.

On Friday morning, early, she was taken in labour, with slight pains, when the membranes gave way, and the head of the child was found to present. In the course of the day the pains gradually increased, but they were not at any time very strong—the head gradually descended, and on the following day (Saturday) it had made farther progress, but towards evening the pains had totally ceased. I saw her about 12 o'clock on Sunday morning, when I found the scalp nearly at the os uterinum, the woman free from the slightest uterine pain, and not depressed in strength or spirits, in this state she was reported to have been during the preceding eighteen hours.

Regarding the case as inviting a fair trial of the *secale cornutum*, I immediately prepared an infusion of one drachm of the bruised ergot to eight ounces of boiling water. When sufficiently cooled, she took a wine-glass full; in a few minutes she

exclaimed, "*Good God, what have you given me? it flies all over like lightning!*" This was almost instantaneously succeeded by strong pains; the head made progress, and every thing indicated a speedy delivery. In twenty minutes the pains rather abated, when another glassful was given; they immediately returned, and in a few minutes a fine full-sized living child was born; the placenta quickly followed, and the patient is going on very well.

#### HOPITAL DEAUJON.

##### CARIES OF THE STERNUM, SUCCESSFULLY TREATED BY THE ACTUAL AND POTENTIAL CAUTERY.

T. C., *metat.* 17, of a lymphatic constitution, was, on the 7th of April, 1820, admitted on account of diseased sternum, the soft parts were free from disease, and no swelling of the bone could be discovered, but the violent shooting pain, and extreme tenderness of the upper third of the sternum, rendered it almost certain that the bone was in a state of incipient caries. The disease was of six weeks' standing, and had been brought on by continued pressure against the chest. Under the repeated application of leeches and poultices, an abscess formed, was opened by caustic, and having discharged a great quantity of purulent matter, soon healed, a new accumulation of matter, however, took place, and having been evacuated a second time, a deep fistulous ulcer remained. On the 20th July, the patient was placed under the care of M. Marjolin and Blandin, and was then in the following state. The upper third of the sternum being carious to a large extent, was covered with fungous granulations, at one part it was completely perforated, so as to admit the finger into the mediastinum, suppuration was not very profuse, and it was only on making a very deep inspiration, that a small quantity of purulent matter was seen issuing from the bottom of the fistulous opening. The patient suffered much from pain, and was considerably wasted, and had hectic fever. An incision was made into the ulcer, to promote the evacuation of purulent matter, but this was followed only by a transient improvement; the purulent matter quickly accumulated at the bottom of the fistulous passage, and the external wound became covered with fungoid granulations, which bled on the least touch, and caused incessant pain. The caustic having repeatedly been applied without any effect, M. Blandin, on the 23d of September, performed the following operation.—A large crucial incision having

been made over the fistulous opening, the four flaps were dissected back, and having thus been laid bare, the sternum was scraped, as far as it was found to be carious; the wound was simply dressed, and covered with compresses. Three days after the operation, the flaps being much swelled, and the wound filled with a greyish fungus, the actual cautery was applied to the denuded part of the sternum. On the fifth day the eschar was detached, and the wound began to suppurate profusely; the ulcerating surface had a healthy appearance, and the pus was of a laudable kind; the swelling of the wound had subsided, and the lower surface of the flaps began to unite firmly to the sternum. On the 8th of October, a very small portion of bone being still felt rough and denuded, was touched with the nitrate of mercury. The wound of the soft parts rapidly healed, and cicatrization was nearly complete. On the 15th of November, a small fistulous opening only remained, leading to the carious portion of the sternum, to which the nitrate of mercury was repeatedly applied, but without any visible effect, until, on the 18th of December, a small fluctuating tumour was observed somewhat below the fistulous ulcer, and having been freely opened, discharged a considerable quantity of purulent matter. From this period the ulcer healed, under the repeated application of the nitrate of mercury; and on the 21st of January, the patient was discharged cured. —*Journ. Hebdom.*

## GLASGOW ROYAL INFIRMARY.

### LITHOTOMY.

JAMES HARDIE, a weaver, aged 37, was admitted by Dr. Couper, March 12, labouring under the usual symptoms of stone in the bladder. His complaints of frequent calls to pass his urine, being seldom able to retain it for more than an hour. After it has passed, the pain in the neck of his bladder becomes particularly severe. He had suffered from the complaint for sixteen years prior to his admission, but his uneasiness for some time past had been much aggravated by his having taken some soda powders, by advice of a surgeon in Town. The deposit from his urine he described as at one time of a white, and at another of a pink colour.

13. A consultation held to-day on the case. No difficulty was experienced in passing a sound into the bladder; the stone was detected on the right side, and, from its having frequently been found in the same situation, it was concluded that it had formed some attachment to the viscous. No doubt was

entertained as to the nature of the disease. The patient was therefore advised to submit to an operation, to which he readily consented. Dr. Couper, however, thought proper to postpone its performance for a few days, and, in the mean time, ordered him the hip-bath every evening, with an injection of the tincture of opium; he was also enjoined the recumbent position.

18. The operation was performed to-day, in the presence of more than two hundred students. The poor man was brought into the theatre some five minutes before the surgeons, and was left to shiver, covered by a blanket, on the operating table, till their arrival. At length Dr. Couper came, followed by Mr. Cowan, both decorated for the deeds of the day. Behind came an immense number of surgeons, followed by some half score of gazing clerks. These gentry brought up the rear of the phalanx, which, forming three deep, each row was saluted with a *hiss* as they entered, which, no doubt, must have been infinitely grateful to their ears. Some of the strangers seemed a little abashed, but the expression of disapprobation, however marked, produced no other effect on the impudent intruders than keeping them at a respectable distance.

The patient was bound in the usual way, and a curved staff introduced. The external incision was cautiously made. Five or six minutes were, however, consumed before the urethra was opened. This delay was partly occasioned by the hardened cicatrix of a fistula in ano, which had been laid open some three or four years before. Being at length opened, a probe-pointed bistoury was next run along the groove of the staff into the bladder. The staff was then withdrawn, and the forceps introduced. The stone being laid hold of, was easily extracted by a slight rotatory motion; its attachment to the bladder, if there actually were any, must have been particularly slight, from the apparent ease with which it was detached. A piece of oiled lint was placed in the wound, and the patient put to bed.

The calculus appeared to be an ammoniaco-magnesian phosphate. It was of an oval, flattened form, and was of considerable size; it might weigh from one-and-a-half to two ounces.

## ST. THOMAS'S HOSPITAL.

### PLEURITIS.

ELLEN BUTTY, aged 28, admitted, under the care of Dr. Elliotson, into Dorcas' Ward, No. 7, on the 18th of March. States that she has had a cough during the last fortnight, but has not experienced any pain from it until a week since. She now com-

plaints of lancinating pain under the right mamma, shooting through to the back, also between the shoulders, and extending around the lower part of the chest; she is unable to take a deep inspiration, and the pain is increased by coughing. The whole of the abdomen is tender on pressure, the pain not increased by turning in bed, and can lie equally well on either side; respiration 40 in the minute, irregular in extent; pulse 80, intermitting; tongue dry and coated; bowels constipated; occasional vomiting; was bled yesterday, but without finding any relief. Ordered to be bled from the arm to syncope, to take *twenty grains of submuriate of mercury* immediately, and house medicine in the evening, if required. Upwards of 40 ounces of blood were abstracted before fainting was produced.

13. The bowels were not acted upon until the salts and aenna had been administered, since which the patient has had two evacuations. Pains much mitigated, and cough somewhat abated; pulse 80, compressible; tongue furred, brown and dry, vomited once this morning. Let the submuriate of mercury be repeated, and, if necessary, house medicine the following morning.

14. The mouth has become sore, but otherwise better. The house medicine was taken, bowels open.

16. Pulse 82, intermitting, soft, and compressible; complains of but little pain, cough rather troublesome, and breathing difficult; bowels open.

18. Perfectly free from pain; coughs very little; dyspnoea less; bowels regular; gums less sore.

20. Has no pain or cough; mouth nearly well. Ordered farinaceous diet.

23. Is quite well, and in all probability will leave the Hospital to-morrow.

#### SUB-FASCIAL ABSCESS.

*King's Ward.*—James Morrison, æt. 46, of weak and emaciated appearance, came into the Hospital about 12 o'clock on Monday, the 9th of March, with an extensive sub-fascial abscess of the thigh and leg. When admitted, the parts were very much swollen, red, and livid, extending from just above the ankle, to near the upper third of the thigh, completely enveloping the knee-joint. Great tenderness was felt at the upper part of the limb, and the lower part was oedematous. The patient stated, that it commenced on the Monday previously, with two small pimples situated over the patella; these were soon followed by extensive inflammation, he was put to bed, and the abscess ordered, by Mr. Lysell, to be opened; accordingly a free incision was made on the outer side of the leg, about three inches in length,

from which escaped about 12 ounces of dark-coloured pus. The limb was raised upon a pillow, and strapped above and below the wound; over it was laid a linseed-meal poultice. Pulse 84, and feeble; to take

*Sulphate of quinine*, 3 grains every six hours;

mutton chop, and a pint of porter daily; house medicine as occasion may require.

10. Has experienced considerable relief, and the limb is less inflamed; bowels open.

11. Inflammation much abated; bowels very much relaxed; pulse 70. Another incision was made above the knee, on the outer side, from which pus was discharged. To take of

*Chalk mixture*, 1 ounce;

*Tincture of opium*, 10 minims;

*Aromatic confection*, 20 grains, every six hours;

*Port wine*, 4 ounces, daily.

13. Not so much purged; bowels opened twice only during the night; inflammation and swelling considerably abated; pulse small and feeble. An incision made about the middle of the thigh, on the outer side.

14. Mr. Green ordered another incision to be made over the popliteal space, from which, as well as from those that have already been opened, pus readily escaped, but little inflammation, or swelling of the limb, now remains. The patient is free from pain. Pulse 60, rather full; sloughing of the integuments has commenced at the lower incision.

16. Wounds continue freely to discharge; appetite good; bowels regular; sleeps well at night, and is quite free from pain.

18. Discharge less, and more healthy; sloughing of the integuments extending at the lower part.

20. Discharge still less; surfaces that have sloughed now begin to granulate.

31. There is now scarcely any discharge, and the wounds are nearly healed; general health much better than when admitted.

#### REMITTENT FEVER.

John Ryan, æt. 28, was admitted into Edward's Ward, on the 12th of March, under the care of Dr. Elliotson. The patient states, that he has been living latterly in the city; but in December last, was at New Havre, in Sussex, at which time ague was prevalent there. He now has a rigour about twelve o'clock every alternate night, succeeded by high fever, and afterwards by sweating; the fever is continual, accompanied with thirst and headach. During the rigour, and fever immediately succeeding it, he complains of pains in the limbs, which cease on the commencement of the sweating stage. Was first attacked twelve days

ago. The bowels have not been evacuated for three days past; he vomits frequently; tongue coated. Ordered to take immediately—

*Calomel*, 12 grains.

*Sulphate of quinine*, 5 grains three times a-day;

House medicine, if required.

13. Bowels open; pulse 64; fever less.

14. Had a rigour last night at the usual time, but says it was much more slight than previously; the fever continued five or six hours after. Is at present free from headache and fever; has had no stool since yesterday. House medicine daily, and continue the sulphate of quinine.

16. Has had no shiver since the night of the 13th; free from pain; tongue clean at the edges; bowels opened once yesterday.

20. Tongue clean and moist; pulse natural; has no fever or rigours; put on house diet.

The patient continued to improve, and left the Hospital quite well, on Thursday the 20th of March.

## ST. BARTHOLOMEW'S HOSPITAL.

SAMUEL TAYLOR, æt. 43, a tailor, short, and of a sallow complexion, was admitted into Colston's Ward, under the care of Mr. Vincent, on Friday night, March 20, at eleven o'clock, with *probably* a dislocation of the right femur. The accident occurred by his having been thrown down by a cellar-door incompletely shut, projecting above the pavement. He was removed to the operating theatre, and extension made by the house-surgeon with the pulleys, but without being able to effect a reduction of the dislocation. Considerable swelling in the neighbourhood of the joint supervened, and he was returned to bed.

21. Mr. Vincent considers that there is a dislocation of the head of the femur, either upon the dorsum of the ilium, or into the ischiatic notch! He has ordered the patient to be brought again into the theatre; Messrs. Earle, Lloyd, and Stanley, agree that there is dislocation. The patient having been placed on the table, and the pulleys applied, extension was kept up for ten minutes, and every effort made by Mr. Vincent to bring the head of the bone into its natural situation, but without effect. The patient was by the means placed on the table in the manner best calculated to afford facility of reduction. In the course of the extension, it was thought a crepitus was perceived, and after the pulleys were re-

moved, a rigid examination, occupying twenty minutes, with a view to detect fracture, was instituted by the surgeons already named, with the exception of Mr. Earle, who had left the theatre. In the result, they agreed that a fracture, accompanied with dislocation, did exist in the neighbourhood of the joint, but of what, or in what particular part, they could not make out. The poor man was, accordingly, again, for a second time, returned to bed.

25. Since Saturday has experienced considerable pain about the joint, but is now somewhat easier. The swelling is much reduced. A cold lotion has been kept applied over the part, and the bowels regulated.

28. Has been kept quiet till to-day without further examination, or renewed attempts at reduction. Cold applications to the hip-joint and neighbourhood, and aperients have been the treatment. To-day Mr. Vincent repeated his examination, and, in the result, expressed his satisfaction that he had perceived crepitus and fracture in the neighbourhood of the joint. He did not consider it judicious to be so rigid in his examination, as to enable him to ascertain, with any degree of accuracy, where, or of what, part the fracture was.

Mr. Earle, at this moment, entered the same ward, and finding the nature of the case to be stated as still ambiguous, desired to be allowed to examine the patient. On removing the bed-clothes, he stated the position of the limb was completely altered from the manner in which it lay when he had last seen it. On the former occasion it was inverted, the sole of the foot crossing the dorsum of the foot of the sound limb, and presenting the usual appearance of a dislocation of the head of the thigh-bone upon the dorsum ili; but now the whole extremity was lying straight in every respect, the toes pointing upwards, as the other. Grasping the parts about the joint with one hand, rotating the limb with the other, and subsequently getting an assistant to rotate it, he declared he had found most distinctly, that there was dislocation of the head of the femur upon the ilium, and a fracture at the base of the neck. He felt the head of the bone "like a cricket ball," as he said, motionless, while the femur was rotating freely. He regarded the patient as a rickety subject, and thought it highly probable the fracture had been occasioned by the efforts made to reduce the dislocation. The patient did not fall twice, nor receive any second injury when he fell. The length of the limb is as nearly as possible the same as that of the other, though from a boy, till now, this leg had been somewhat shorter than the other, owing to some slight attack of disease about the hip-

joint, of which the patient cannot give a distinct account.

31. Remains quiet, and in the same position. No further attempt at reduction, or to bring the fractured parts in apposition, has been made. Mr. Earle described the head to be situated nearly behind the trochanter major.

#### FRACTURE.—PHLEBITIS.

Thomas Haytred, *ætat.* 31, was admitted under the care of Mr. Lawrence, February 18, into Rahere's Ward, with a fracture of the tibia and fibula of the left leg, about 4 inches above the ankle-joint. Has fair hair, is of a light complexion, and extremely irritable disposition. The limb put up in splints, and ordered to be bled to eighteen ounces, the pulse being full and the tongue foul.

March 2. A week after the *bleeding*, inflammation of the punctured vein supervened, and pus appeared to be secreted in it. Ordered twelve leeches around the orifice and to take five grains of the compound colicath pill.

4. The inflammation is extending down the arm, and the forearm is swelled. Apply eighteen leeches more.

5. Inflammation still extending down the vein and forearm; and the hand considerably swollen. Apply twelve leeches, and wrap the limb in a poultice.

6. Apply twenty-four leeches.

9. There is evidently an induration of the vein, extending from the orifice downwards for about six inches. The swelling is somewhat abated, and the inflammation subsiding.

18. The arm, to which the principal attention has hitherto been directed, is still going on well. The inflammation never extending above the orifice made by the lancet, but descended along the forearm and into the hand. The hardness, which, to the touch, very much resembles a strong tendon, is gradually subsiding, and the poultice may now be left off.

30. The arm is now quite well; the bones of the leg united, and the patient is fast recovering. During the inflamed state of the vein and arm, no particular constitutional derangement took place. The tongue occasionally was brown and coated, the patient irritable (habitually so) but nothing further. The patient is a sawyer, and the leg was broken by a piece of timber falling upon him; his arm likewise received a blow at the same time.

#### FRACTURE.

Judith Haywood, *ætat.* 60, was admitted on Sunday morning, 9th of March, into Queen's Ward, under the care of Mr. Law-

tence, with a fracture of the right leg near to the ankle-joint, supposed to be of both bones, occasioned by a fall down some steps of a staircase. The patient is a strong woman, dark-complexioned, a dram drinker, and has obtained her living lately by selling oysters in the streets. The limb put up in a fracture box, and aperient medicine ordered.

12. Last night became delirious, got the leg out of the fracture box, got out of bed, broke some of the windows in the ward, and considerably injured the leg, before she could be secured. She has now been removed into another ward, has the strait-waistcoat on, and is in a state of the greatest mental excitement. Last night the *tincture of opium*, to a considerable extent, was administered by the house-surgeon, which, in the end, procured a little rest. Ordered a drachm of the dilute sulphuric acid, an ounce of the syrup of orange peel, and three ounces of the syrup of roses, of which a wine-glassful is to be taken every two hours, also an enema.

Nine o'clock, P.M., rather more quiet, but still very restless. The bowels have not been moved. Take a *drachm* of the *tincture of opium* every four hours.

13. Is now quite collected. From near the head of the tibia, as low down as to the middle of the dorsum of the foot, the limb presents a tumid and gangrenous appearance. Complaints of great depression and weakness. Ordered a small quantity of brandy and water every hour.

14. She died last night. On examining the leg, the fracture was found to be of both bones, and extended into the ankle-joint. The vessels of the brain, and its coverings, were greatly distended, and the lateral ventricles filled with water.

#### SOMNAMBULISM.

Thomas Parrow, *ætat.* 30, admitted into No. 11, Colston's Ward, under the care of Mr. Vincent, with fractured ribs and emphysema. The patient dark-complexioned, a muscular man, and by trade a sawyer. Was admitted at one o'clock on Sunday, the 14th of September. From a child had been in the habit of occasionally getting up at night, and walking in his sleep. Saturday night had slept in a strange bed near Highgate, and as he had often done before, got up to make his nocturnal perambulations. Supposes he must have taken the window for the door, not having been able to find the latter; opening it, he leaped out of the room, and fell a distance of thirty feet. The shock awoke him, and his cries brought him assistance. He was unable to move. When brought to the hospital, there was considerable emphysema over the chest, and fracture of the ribs, but, in consequence

of the very acute pain examination occasioned, it was not ascertained how many of the ribs were broken. The fracture bandage was applied, and he was bled ʒx. Ordered

- R. *Hydarg. submur.*, gr. iij. o.;  
*Pulv. jalap.*, xv. statim.
- R. *Mag. sulph.*;  
*Liq. ammon. acet.*, ℥. ss. ʒj.;  
*Spirit. ether. nit.*, ʒss.  
*Aque pure*, ʒviij. M. Sum. coct., ij.  
 sda quaque hora.

15. Venesection ad xvj. Feels better. Passed a restless night, though better than the night before. Pulse small and wiry, 120. Harassed with a cough, which he had before the accident happened.

17. The emphysema greatly subsided. The bowels have been opened. Has slept well, and, on the whole, feels improved. Pulse strong, 101.

19. Continuing to improve.  
 Oct. 23. Discharged cured.

ERYSIPELAS.

Henry Woodrow, aetat. 20, a working silversmith, admitted into Darker's Ward, under the care of Mr. Lawrence, March 3rd, with phlegmonous erysipelas of the right leg, and suppuration partially making its way externally. Was not sensible of having received any injury. Slight pain, swelling, and redness, supervened, which induced him to come to the hospital. The leg is now much swollen, and the inflammation extending from close to the knee down to the ankle-joint very considerable. Mr. Lawrence has made an incision near the course of the posterior tibial artery, through the skin and fascia, eight inches in length. Ordered aperient medicine, and afterwards the saline mixture.

11. The wound has discharged a good deal. Has a rather unpleasant appearance about the edges, but is otherwise favourable in the centre to the extent of about two inches in the middle of the leg.

March 31. Wound proceeded healing slowly, and the patient is now almost able to leave the hospital.

FRACTURE.

Richard Harris, aetat. 30, was admitted into Ribeiro's Ward, March 26, under the care of Mr. Lawrence, with the right hand severely lacerated, and a comminuted fracture of the carpal ends of both bones of the forearm. The accident occurred between twelve and one o'clock. The patient is a strong healthy man, of a fair complexion, and sandy-coloured hair. Mr. Lawrence considered that the only mode of proceed-

ing was, to remove the injured parts; and, accordingly, the patient was conveyed to the operating theatre, and amputation, at the middle of the forearm, immediately performed. The arm was supported almost horizontally from the body of the patient, and in such a position as to bring the radius directly over the ulna. The operator then introduced a double-edged knife on the inside of the radius, thrust perpendicularly down, until it projected below the ulna close upon its inner surface; the knife was next carried a little towards the palm of the hand, was then turned, and a flap made by dividing the soft parts in the removal of the knife. A flap was made on the outer side of the arm in a similar manner. The inter-osseous ligament then divided, and the bones sawn through from without inwards. With a pair of scissors, the projecting ends of several tendons were removed, four ligatures applied, the flaps brought together, and the patient then taken to bed.

This form of operation was, in a great measure, novel at this hospital, and it was not considered to have been neatly performed.

27. Between eight and nine o'clock last night, hæmorrhage from the stump took place; the straps were removed, four more arteries secured, the dressing again applied, cold cloths resorted to, and the further bleeding suppressed. In about half an hour afterwards, sixteen ounces of blood were taken from the left arm, and the patient ordered to be kept quiet.

31. Going on pretty well. The arm is slightly tumid and inflamed, but the patient expresses himself comfortable; the dressings have been removed, healthy pus is secreting, and there is every reason to believe the result will be favourable.

WILLIAM RAY.—DUBLIN ANATOMIST.

To the Editor of THE LANCET.

SIR,—With reference to the communication from Erinensis, inserted in your last Number on the expiration of subjects from Dublin, I take leave to observe, that instead of *Wilson* Rae, I believe *William* Rae ought to be read. Now under this designation, Sir, you will find a member of the College of Surgeons of London; or, to be more particular, he is designated *William* Rae, R. N. Erinensis is mistaken in calling Mr. Rae (which should be spelt *Ray*) a Scotsman. He is a native of the Isle of Man. *Mrs. Ray* is a countrywoman of his own, and a native of Dublin. Erinensis

seems to think the teachers, of Dublin, have been deterred from "actively opposing" the exportation of subjects, and thereby preventing poachers from entering their "preserve." He is but partially informed on this business; means have been employed to continue the monopoly, and such means!

FREE TRADE.

#### AGUE.

To the Editor of THE LANCET.

I do not know whether it is usual to combine quinine with capsicum for the cure of ague, but having given a great deal to the poor in my neighbourhood, I am inclined to think that it not only renders the effect more certain, but that a much less quantity of the quinine, which is very expensive, is found sufficient. A pill containing sulphat. gr. i. and pulv. capsici. gr. ij., taken four times a day, I have never known to fail, even in cases of long standing.

I am, Sir,  
Your obedient servant,  
AN AMATEUR.

#### TO CORRESPONDENTS.

Communications received from Dr. R. Wilson—Dr. Shipman—Mr. George Bridges—Mr. D. O. Edwards—O.—A Guy's Pupil—Student of St. George's—Mr. Quintin—Mr. Simpson—T. H.—Mr. Towne—Z. &—A Great Admirer—Mr. A. Stewart, 2d Dragoons—H. T.—Mr. J. Abbott—Paul Pry—A Young Bat—Querist—No Dub—Mr. E. Wilson—L.—Mr. Cooke.

We have been obliged to postpone the insertion of the remainder of Dr. Corrigan's Essay—Dr. Blundell's Lecture—Mr. Edwards's biographical sketch of the late Dr. Hennen—Mr. Simpson's letter on Mr. Lawrence's clinical remarks on his operation of Lithotomy—Mr. Stewart's paper on Small Pox, and several other communications, until next week.

The Index to the contents of the present Number, will be found on one of the pages of the wrapper, where it will be placed in future, whenever time shall permit.

We are sorry that "A Young Bat" is "scored," but he is only in the situation of many of his seniors; however, as he appears to have lost his caste rather from his virtues than his vices, we shall endeavour to raise him upon some eminence, whence he may

start anew, and wriggle out a better and more fortunate course.

Z. &c. The "Portrait" is left at our office. We did not recognise the likeness.

Mr. Pilcher was the successful candidate at the Surrey Dispensary, Mr. H. Meymott the unsuccessful. Both of these gentlemen, we believe, are fully competent to execute the duties of the office. Mr. Pilcher purchased 300 votes, as late as the Saturday previous to the election. This practice is not unusual in such affairs. In fact, the whole system of Government in our Hospitals, Infirmarys, and Dispensaries, is corrupt, and these Institutions are fast reducing the profession to ruin. Opulent tradesmen can now receive, gratuitously, medicines and medical advice, in almost every street, and, probably not a hundred yards distant, there is to be found a re-  
surgeon and his family,  
every dregs of poverty; and  
this is the result of what the Infirmary and Dispensary-mongers have the impudence to call—CHARITY.

Mr. Sheldrake will probably enable us to comply with the request of "Querist."

We should be happy to reply personally to the question of "A Constant Reader," late R.N.

The letter signed Henricus, has, we fear been mislaid.

If J. L. (Islington) will favour us with an address, we shall feel much pleasure in sending him a—. He has too much good sense not to be aware, that an editor's task is generally beset with difficulties.

The beautiful drawing kindly forwarded by Mr. Head, is left at our office.

Dr. Conolly, Saint, and Professor of the Nature and Treatment of Diseases, at the London University, is about to present himself for examination at the Royal College of Physicians; and Dr. Watson, Professor of Clinical Medicine at the same University, will be one of his Examiners. Such is the state of medical policy in this metropolis!

Y. The Fellows of the College of Physicians dare not take such a step.

The Portuguese emigrants are particularly anxious that Mr. Bransby Cooper should be appointed Surgeon, in ordinary, to Don Miguel. In this office they believe, that this notorious operator would soon render both themselves and the "liberals" of Europe a very essential service.

Orders may be sent to the Office. are an abundance of regular Newspapers.

# THE LANCET.

Vol. II.]

LONDON, SATURDAY, APRIL 25.

[1838-9.]

## LECTURES

ON THE

DISEASES OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

### LECTURE XXIII.

WHEN treating of the different varieties of polypus in the preceding Lecture, there was, gentlemen, one of rare occurrence, and which I forgot to notice, I mean the polypus which manifests itself after delivery. It sometimes happens that a polypus forms in the uterine cavity without the knowledge of the sufferer, and conception occurring, notwithstanding the presence of the polypus, both the ovum and the diseased mass grow together in the uterus. Now in some instances, at least, no ill symptoms may be observed in these cases during gestation, or at the time of delivery, but after the fœtus has been expelled, the growth may descend into the vagina, not without much pain and flooding, and there is probably some risk lest the uterus should become inverted or prolapsed. A case of this kind occurred to my predecessor Dr. Haughton, a man of solid sense and uncorrupt integrity, to whose precepts I owe much, and still more to his example. In this instance, the polypus was not brought under his notice till several days after delivery; its size was equal to that of the head of a full-grown fœtus, and by the help of the ligature, it was removed in the course of five days; the lady afterwards conceived again, and being delivered of a large child, under the care of my friend Mr. Gaitskell, of Rotherhithe.

#### *Chronic Inversion of the Uterus.*

You will sometimes meet with cases of chronic inversion of the uterus, in their character and in their management so simi-

lar to those of polypus, that there is, perhaps, no part of the course at which they may be more properly considered than the present. Inversion of the uterus may, indeed, be occasioned from polypus, but in nineteen cases out of twenty, the disease derives from delivery both its date and its origin, the womb being inverted during the obstruction of the placenta. If a woman labour under a chronic inversion of the uterus, on relating her case, she tells you that she has been ill ever since her last delivery—that she has since been liable to large eruptions of blood—that large concretions have been discharged, and have led to a suspicion of miscarriage—but that no embryo has been seen; and that these discharges end towards the monthly period, returning every four or eight weeks. Her appearance is usually pallid and exhausted. If you examine the limbs, you find that the feet are beginning to swell, and you learn, on further inquiry, that the disease has existed, perhaps, for a term of one or two years. Meeting with symptoms like these, you may suspect, with reason, that there is an inversion of the womb; and if there is, upon examining the patient in the usual position, you will find the uterus lying in the vagina, just like a polypus; inasmuch, that at first, perhaps, you suspect the disease to be an ordinary polypus: when you feel the reputed polypus, as it lies in the vagina, on placing the other hand above the symphysis pubis, and searching for the fundus of the uterus, you cannot feel it there, and placing the fore finger of the left hand in the rectum, and pressing it forward above the vaginal tumour towards the symphysis of the pubis, and with the first and second finger of the right hand urging the tumour back upon the rectum, you may, as it were, press the finger from the rectum above the head of the vagina, and satisfy yourselves that the womb is not there. Now if you have made an examination of this kind, discovering a rounded body in the vagina, and no uterus in the ordinary situation, the patient telling you that she has been liable for a year or more to monthly floodings, and all this since her last delivery, there can be little further doubt about the nature of the case.

In distinguishing an inverted uterus from polypus, it may be no small help to recollect, that a genuine polypus is totally insensible, but that a great deal of pain may be felt on constricting the ligature, if the disease is inverted uterus, and this more especially, some two or three hours after the constriction. There is, too, in some instances, a disposition to vomit.

*Treatment.*—As to the treatment of this disease, it has been proposed we should endeavour to stop the menorrhagic bleedings by injecting the decoction of oak bark, or the solutions of alum, zinc, iron, or the like. And I should recommend you to try what is to be done by this mode of treatment, beginning with the weaker solutions, and then gradually increasing their strength, till you have reached the saturated solution, if necessary, and throwing up the injections largely, eight or ten times in the course of the day. The practice is peculiarly important when a woman is about 42, because, if you can support her for some two or three years, till the monthly uterine action is over, the bleeding will most probably cease, and she will be no longer liable to the disease. But I will suppose, that the inversion has occurred in a woman who is much younger, naturally disposed to much of the catamenia, and with a good deal of uterine action; in such case you cannot check the bleeding, and what is then to be done? When I first entered upon the practice of obstetrics, it was a fact, that these cases were desperate. I was suffered to go on bleeding, month after month, till she died; but it is now a well known fact, and it is to Mr. Newnham, of Farnham, that we are mainly, if not solely, indebted for the establishment of this fact in modern practice, that the womb may be extirpated by ligature, in the same manner as a polypus: not, indeed, wholly without danger, but without that high degree of danger which makes it unjustifiable to perform the operation; nay, I may say, without such a degree of danger as precludes a fair prospect of success. Mr. Chevalier first led the way to this operation, by extirpating the inverted uterus in a patient considerably advanced in years. A case afterwards came down to Mr. Newnham, in which the woman was about twenty-six, and he applied a ligature, and extirpated the uterus, on the whole, without much difficulty. After the case of Mr. Newnham, which occurred at Dartmouth, was brought under my own hands by Mr. Hurst, a respectable practitioner there; in this case, the woman had laboured under the disease for fifteen or sixteen months; if my memory serve, there had been a great deal of bleeding, and a dropsy was begun. In this woman the constitution was rather torpid, and altogether by no means unfavourable for the operation.

I applied the ligature with Hunter's needle, as in the case of polypus, and in eleven days the uterus came away; it sloughed, and softened down so as not to separate bodily, in the form of uterus, and the recovery of the patient was complete. Some three or four years afterwards, I saw a friend of the patient, and I was informed that she was well in other particulars, but that she had never menstruated since the operation, and that she had occasionally a slight determination of blood to the head, now and then requiring a little precautionary depletion. It is now, I think, six or seven years since the operation, and the woman is still living and well: during the progress of the removal, not a single bad symptom occurred; nor are patients averse, in these cases, to conjugal society. When Dr. Hull, of Manchester, was in town, he told me he had removed the inverted uterus by ligature, from a woman of a very irritable system; the removal of this uterus, like a game of chess, required no little tactics, and, as symptoms urged, he was obliged to slacken or constrict the ligature at different times, until, ultimately, the entire uterus came away, and the disease received checkmate at last. Now these are the only four cases in which I have had a more immediate knowledge of the application of the ligature in the chronic inversion of the uterus, and they have all of them done well; indeed I have not heard even of any cases in which the operation has been followed by fatal consequences, though such cases must, I presume, occasionally occur.

If you ask me what is to be the result of an amenorrhoea produced in this manner, I should say, that the patient is likely to become plumper, and that there may be a determination of blood to the head, so that it may be necessary to apply glasses to the neck. If you ask me whether the removal of the uterus would be attended with any other effects, I should reply, that I believe not; if the ovaries are not taken away. I presume the sexual appetite does not suffer at all, nor am I sure that even the removal of these would always destroy it. If you ask me whether there is any risk of extra-uterine pregnancy, I should again reply, there is not; for, in the formation of an embryo, it is necessary that the male and female material should come into actual contact with each other, and this cannot be the case where the uterus has been removed.

#### *Leucorrhoea.*

Independently of any organic disease, such as scirrhus, cancer, polypus, cauliflower excrescences, or the like, women are exceedingly liable to certain discharges from the genitals, something approaching to the puriform character, but far more frequently

allied to mucus, though frequently of more aqueous consistency, and much more abundant than the healthy secretion of these parts. Of this disease I have observed, in my practice, that there are two varieties, the inflammatory, which is less frequent, and the gleet form, which is of common occurrence, not to mention another variety to be distinguished from the other two—I mean an infectious gonorrhoea.

In the gleet form of the disease, the patient, perhaps, comes to you with an appearance pale, and worn, and weary; she tells you she is very liable to coldness of the hands and feet; that she feels a perpetual fatigue; that she has scarcely any appetite; that she has a great deal of flatulency, with other symptoms of indigestion, that she has a sensation as if the interior part of her body would leave her person, with aching of the back, and bearing down, and irritation of the bladder; that she is in a high

all this, she has the *whites*, as she terms the disease, or, to use a term less offensive to the molles virgule, a *weakness*, by which she understands a discharge, more or less copious, from the genitals, of a muciform character, not offensive in smell usually, but sometimes so irritating, especially if there is a neglect of cleanliness, as to give rise to exoriations of the surrounding parts. It sometimes happens, where the discharge is acrimonious, that it not only excoriates the patient herself, but may act upon her intimates, and when there has been irregularity on the part of the husband, he may fancy that he has chancre, and that he has affected his mate, as a husband once called upon me and told me his suspicions, though the subsequent progress of the disease, and the cure without mercury, clearly demonstrated the mistake. If women give suck during the time they have the *whites*, this, it is said, has a tendency to diminish the discharge. Of this I have had no proof myself, though I am not prepared to deny it; but I think I may say, that this diminution is neither certain nor frequent. Women labouring under leucorrhoea, if the discharge be sparing, may become pregnant nevertheless, but those who labour under a copious effusion will, I think, generally remain sterile. When menstruation occurs, it is said the discharge ceases, but of this I doubt. I think it more probable that the leucorrhoea is concealed by the catamenia of red colour, which mingles with it, and that the whole together comes away from the womb as if it were merely the ordinary secretion. And thus much then respecting the history of the disease.

*Treatment.*—In the treatment of the disease, it is always my first object to ascertain

whether the discharge from the genitals is really idiopathic, or resulting from some previous change of organisation, from polypos, for example, or scirrhous, or cancer, or the like. Now, in dubious cases, the question can be decided only by an examination carefully instituted, but in the majority of instances, such examination is not requisite; and you may be pretty certain that the disease does not arise from any of those disorganisations before considered, when the discharge is muciform, somewhat sparing, without much offensive smell, and not usually accompanied with floodings. Where there are floodings, where there is much acrimony, where there is a great abundance of the discharge, and watery and greenish, or like a wash of coffee, then you may always suspect, and with strong reason, that disorganisation is the ground-work of the disease, and that it is not, as the patient herself supposes, a simple leucorrhoea.

In simple leucorrhoea, the discharges acquire an odour slightly offensive, but, when cancer exists, the discharge frequently becomes offensive in a high degree, and you must wash your hands, and repeatedly too, before you can get rid of the smell. Again: when I have found the discharge to have no ground in disorganisation, I am further anxious to know whether it is of gleet or of inflammatory nature. Now, in the general, it may be useful to recollect that the inflammatory form is by no means common, and that the gleet variety is of very frequent occurrence. Where the discharge arises from the orifice of the vagina, there will often be a swelling of the external parts, and throbbing and heat; if married, the patient suffers under intercourse, and, upon examination, the heat of the parts and tenderness will be observed. Add to this, that if the disease be of the inflammatory kind, when you begin with the astringents presently much pain will be produced, and perhaps an aggravation of symptoms. If astringents cure the disease, the probability is that the form is not inflammatory; or if it be, provided the application succeed, the nature of the disease becomes of less important inquiry—a question rather of curiosity than of practical interest. By the external swelling then, the redness, the heat, the throbbing, the tenderness, the pain on examination, and I may add, perhaps, by a tendency to puriform discharge, and the effects of astringents when tried, relieving the disease when it is of the gleet form, and aggravating it when inflammatory, you may generally decide, with tolerable certainty, whether the affection be inflammatory or not.

When I have satisfied myself that the patient labours under the gleet form of the disease, I then confine my cure principally to the astringent method. Under ordinary

management, leucorrhœa, I believe, is found to be a very intractable disease, and women may go on using these astringents, perhaps, for nine months together, and at the end of that time they may be in the same condition as when they first began. From what I have observed in my own practice, I should infer that the cure of this disease is sometimes attended with much difficulty, but this difficulty, I would fain persuade myself, arises more from the negligent and careless manner in which the local remedies are employed than from any want of effect in the astringents themselves, or from any inaptitude of the parts to recover themselves, though, in cases of long standing, it is not improbable that the vessels of the mucous membrane may become distended, and, as it were, varicose. In treating this disease by astringents, then, much care and diligence are required; indeed those astringents ought not to be used in a negligent manner, nor should the employment of them be trusted to the patient without explaining to her very fully the manner in which they are to be administered. Solutions of alum, of sulphate of zinc, of iron, decoctions of bark, or hæmatoxylin, may all be tried in their turns. In the opinion of some there is an advantage in varying your astringents, according to their effect, and when you find that one has not the desired influence in checking the discharge, let another be tried. Colourless astringents women prefer, as nature, with a view, I presume, of correcting the effects of the impurities peculiar to their sex, has given them the same fondness for cleanliness which we observe in kittens, and other playful animals, and they do not like their dresses to be stained. The astringent which I generally use is alum, and it scarcely ever fails me. Our Saxon ancestors complained, that the Danes stole away the hearts of their women by the fascinating custom of purifying their persons once in every week. For ought I know to the contrary, many an accoucheur may have made his way to fortune by a commendable attention to the neatness of a shirt-plaiting—"Sic itur adæstra studium aufert Neobule Lipareæ nitor Hobri." But to return.

In treating this disease, it is not only of great importance that your astringents should be varied in their kind if necessary, but moreover, that they should be altered in their strength; for if you sit down time after time, and prescribe the same solutions of the same intensity, you will most probably fail altogether in the cure. Of course the more dilute the solution the better, provided it will cure the disease; and it is better therefore to begin with the weaker intensities—say of a drachm of the alum to a pint of soft water; then of two, three, four, five, and a

larger number of drachms, if necessary, till at length you obtain, and use a saturated solution, provided you find that the weaker solutions are of no avail. It is not to measure and weight that you ought to look where you are using that which you conceive has power to produce an effect, but rather to the effect itself which is produced. Now, in different females, the vagina is very various in its irritability; five times as susceptible in some females as it is in others. If you find painful effects resulting from the solution, weaken it; if those painful effects still continue for a week or a fortnight, lay it aside altogether; never use an astringent of strength greater than is necessary for the cure of the disease; try, therefore, the weaker solutions at first. If it be objected that you may do mischief to the parts in applying this powerful astringent, it may be replied that we have no proof of this, although the risk ought to make us cautious; and even if there is risk, as I presume there may be, the leucorrhœa itself does a great deal of injury to the parts too; and it is a choice of evils, whether you will incur the inconvenience which may result from the leucorrhœa, or whether you will risk the mischief which may arise from an effective attempt to cure. Be resolute, therefore, but be also cautious; always bearing in mind the salutary maxim of the now neglected ethics of antiquity—

"Est modus in rebus, sunt certi denique fines  
Quos ultra citraque nequit, consistere rectum."

Again. It is of the utmost importance to your success in this method of treatment, that your patient should be provided with a proper instrument, in order to apply the wash to the inner surface of the vagina, generally the seat of the disease; for though the inner surface of the womb may, in some cases perhaps, be the source of the discharge, I presume that this is by no means common. To attempt the application of these washes by means of a small syringe, or a piece of sponge, is absurd. Arm a patient in this manner, and you may as well tell her to apply the wash to her great toe, for it is impossible by these means to bring the remedy into operation upon the parts which are affected. To use the wash effectually, the patient must place herself in the recumbent posture, with the hips raised, and the limbs a little separated, and then being provided with a long tube syringe of the capacity of five or six ounces, she may pass it, previously lubricated, sufficiently far to bring it into contact with the os uteri; and then, when it has been properly placed in this manner, she may empty the instrument into the vagina, care being taken to depress

the piston slowly and gently, so that no injury may be done to the genitals during the descent. This office should be performed, not once or twice only, but eight or ten times, or oftener, in the course of the day; indeed, the oftener it is done the better, for the application of the astringent is temporary, lasting only for a few minutes, so that repetition becomes the more necessary. Moreover, with a view of keeping the astringents in contact with the diseased parts as long as possible, I would advise the patient to retain her position after injecting the astringent; because, as long as she remains in the recumbent posture, so long a part of the injection may be expected to remain in the canal.

And thus much, then, respecting the use of the astringents in cases of leucorrhœa; if carelessly or injudiciously tried, they will not infrequently be found of small avail; but when they are varied in kind, and altered in strength—and when they are injected sufficiently far and sufficiently often, and with the caution necessary to retain the fluid as long as may be; this method of treating the disease by astringents will, in general, be found to be a most effectual remedy. Would astringents in *powder* be found to be of greater efficacy than the astringent washes, their application would be more permanent, nor would it be difficult to regulate their strength.

In leucorrhœa, while you are treating the disease locally, you are not to forget the patient's habit. In some cases, by sending her into the country, and restoring the general health, the disease may be brought at once to its close. Even in the severer cases, when recommending the topical application, I should pay great attention to the state of the constitution. In this view I should endeavour to amend the condition of the chylopoietic viscera, and more especially to increase the quantity and the quality of the secretions. To ameliorate the secretions, the blue pill may be found of benefit, being given over night, and followed by a morning laxative. In some cases, however, the quality of the secretion may be healthy enough, but the quantity is deficient; and here you may find much advantage in the use of chalybeates, stimulants, and gentle laxatives. Two grains of the sulphate of iron, with aloes and myrrh, of each eight grains, may be given daily, unless too aperient, in the form of pill, or two grains of the sulphate of iron, and three of the sulphate of quinine, may be taken daily, with as much cayenne pepper as may warm the stomach; the pillular form may be preferred; the cayenne pepper ought to be good; the softer the pill is, the better; for pills of all kinds, when undurated, may pass through the bowels unchanged, in cases in which the diges-

tive powers are feeble. These pills may be taken about half an hour before the three principal meals; breakfast, dinner, and supper; to be taken at the hours of nine, two, and nine respectively. According to the effect produced, should be the dose of the cayenne; and the effect wanted is a little warmth of the stomach, with a little gnawing pain there. In some women, a single pill may be sufficient; in others, one, two, three, or four; and, therefore, in those cases in which much pepper is required, it is, I think, better to order pills consisting of capsicum, merely as the efficient ingredient to be taken in conjunction with the others, as need may require. In addition to these remedies, I am inclined also to recommend another of the same class, not without its benefit—I mean the white mustard seed bruised; a dessert spoonful may be taken as soon as the patient rises in the morning, and another about half an hour before dinner-time. The object of all these remedies, as I employ them at least, is to increase the quantity of the gastric secretion, and in that manner to improve the digestive powers.

Again, it is not only necessary in these cases, that you should improve the digestive apparatus as much as may be, but the patient should take a fair supply of nourishing food, not, however, in quantity sufficient to oppress the chylopoietic organs. Every five or six hours the nourishment may be administered—an interval of five or six hours being sufficient for the completion of the gastric digestion; solids are, I think, decidedly preferable to fluids in these cases, provided the patient can take them. For the same reason, agreeably to Mr. Abernethy's useful rule, I recommend the patient not to drink when taking the principal meal, as the supper or the dinner, for example; the drink ought to be taken either two hours before, or three hours after the greater meals, in order that it may not be in the stomach when the digestive process is in progress, impeding it by diluting the gastric juice. Some people, however, cannot eat without drinking; to these I would recommend the use of a quarter of a tumbler full of hot toast and water, the water being made as hot as the mouth may well bear it, for the heat may have the effect of augmenting the gastric secretion, and, in so far, it may augment the powers of the stomach. In slighter cases of dyspepsia, as I know myself from personal experience, great advantage is derived from the use of heated water at dinner, a beverage sometimes excellent for the valetudinarian, though hurtful for those in health. As to the kind of drink which the patient should take, I think that black tea is preferable to coffee or cocoa. To coffee I am rather averse; it is heating

and menorrhagic. Ale, wine, porter, and spirits, should be made the subject of careful trial. Bottled porter is a state of effervescence, when it does not disorder the stomach, seems to support the system, as I have had occasion to observe, where women have been suckling. Wines are apt to become acescent, and therefore I prefer a moderate quantity of diluted spirit, which, without sugar, is not prone to acidity; two or three parts water may be added to one of spirit. Half an ounce or an ounce of rum or brandy may be taken in the course of the four-and-twenty hours; the quantity should never be increased without good cause, and ought always to be measured out in a small measure kept for the purpose, and the bottle containing the spirits should be afterwards locked up, for we must not endanger the life and health of our nurses. (Laughter.) When two parts of water are mixed with one part of the spirit, the whole, though fiery, becomes weaker than port-wine; for, I believe I am right in asserting, that every glass of port-wine, of which some ladies unadvisedly drink a pernicious quantity, is equivalent in strength to more than one-third of a glass of brandy; a fact, gentlemen, which I recommend you to remember next time when you take your seat at the dinner table.

There is another point of regimen which requires attention in the treatment of these women, and that is the air. It is of great importance when a woman is in town, and labouring under this disease, that the air should be changed, and that she should go down into the country, to the sea-side or to some of our watering-places. I believe the mere change of air, independently of a better quality of atmosphere, is of no small advantage, and paradoxical as it may appear, by changing the air for the worse, we may sometimes change it for the better. The more the patients are in the open air, the better; they cannot take too much exercise in the open air, provided they do not suffer in consequence fatigue, distress, or pain, or forcing; and though much exercise cannot be borne at first, yet by accustoming themselves to it day after day, they may learn at length to bear it with alacrity. Man seems to have been originally formed for the air: you are aware that apes and baboons and all those animals which bear a great and humiliating resemblance to mankind in structure, are passing their lives on trees and fields; and I would say of man himself, that he is a *field animal*, and that when he makes himself a citizen, he is getting out of his element; to become very politic, and very knowing, and very wealthy, and very care-worn, and very miserable; for the apple of knowledge, he again dearly pays; and hence one principal cause of many dis-

eases with which you are meeting in large cities, which are not to be met with equally in the country; and hence many persons are improved immediately and surprisingly by rustication while living in town; they get into the situation for which the Creator of nature designed them, and for which, I have no doubt, that the different parts of their body are best fitted, and they begin to think that there is some truth in the tradition, and that man may find his best pleasure in a garden after all.

There are certain medicines which I would recommend to you in cases of leucorrhœa, and which I must not pass without notice, though, except in slight cases, much good is not, I believe, to be derived from them. *Copaiva, balsam, compound tincture of benzoin and cubebæ*, are the principal. I would advise you to administer them according to the effect produced. A pretty full dose of the copaiva, I conceive to be about 4 drachms, in the course of the day; of the compound tincture of benzoin an ounce, and one or two ounces of the cubebæ, daily more or less according to the effect produced.

Much bed is not good in leucorrhœa. Much dissipation and much devotion, large parties, divine operas, polemical candle, and densely crowded galleries in dissenting chapels, are surely hurtful. Indeed, when patients labour under relinching cachexia, without organic disease, they ought carefully to review their whole regimen, and confess themselves to their physician, that they may take his counsels respecting it. In such cases, the state of the chylopoietic viscera is every thing.

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## FOREIGN DEPARTMENT.

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M. BROUSSAIS.

We are glad to see, that the gastro-enteritido mania of our neighbours is at last gradually subsiding; indeed, whatever share M. Broussais' arrogance\* may have had in securing to his doctrine the extraordinary applause it met with, this was, we apprehend, still more owing to the commodiousness of his principles. How could it be otherwise than acceptable to many, at once to render unnecessary the study of pathology and thera-

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\* In the preface, to the second edition, he modestly observes, that he considers his theory at least as valuable an acquisition to mankind, as the discovery of the cow-pox!

peutics, by proclaiming gastro-enteritis to be the only disease, and the application of leeches as the only remedy.

Our readers will be greatly amused by a description of the manner in which the medical practice is carried on at the Hôpital Val de Grâce; taken from the inaugural dissertation of a young physician who attended there as a pupil.

"When I," he says, "was appointed one of the dressers at the hospital, I had but a very incorrect notion of the 'doctrine physiologique.' It having, in this capacity, become my duty to examine and prescribe for the patients, who had been admitted after the regular morning visit of the physician, I was not a little uneasy at my responsibility, until one of my colleagues set my mind perfectly at ease, by the manner in which he managed the affair. The only thing was to ask how many new patients there were in attendance, and then to order a sufficient number of leeches, to allow thirty for each patient. Thus armed he went through his wards, where he had only the trouble of applying his leeches either to the abdomen or to the anus, an alternative which had already been settled by the 'infirmier,' who asked each patient at his entrance, whether he had diarrhoea or pain in the abdomen, and in the former case, placed a piece of oil-cloth between the legs, in the latter, over the abdomen; by these symbols, the young practitioner knew at once where to apply his thirty leeches, whether to the anus or abdomen, and, indeed, he hardly ever had to complain of incorrectness in the 'infirmier's' diagnosis and plan of treatment."

#### ON SUICIDE.

*Extracted from a Treatise of Dr. HENTALDIN, of Triers.*

In order to ascertain whether an individual has been murdered, or committed suicide, it is very often of great importance to observe the place and posture in which the body is found, and the manner in which the wounds seem to have been inflicted. Persons who destroy themselves, except when under the influence of fanaticism or derangement of mind, generally select a certain and easy manner of death, provided time and circumstances throw no obstacles in their way. Females seem to have a predilection for such kinds of suicide as do not require long preparation or great violence; they generally kill themselves by leaping from a great height, by drowning, poisoning, &c. Several persons appear to possess an inclination to

Haquin and Quander especially

mention scrofula, affections of the genitals, organic diseases of the heart, chronic enteritis, &c. According to Haquiel, suicide is most frequent between the age of twenty and thirty. Amongst the remarkable cases of suicide related by our author, we mention that of a female about thirty years of age, who killed herself by applying two hundred leeches to the abdomen: the pain which they caused became at last so violent, that she was obliged to call for assistance: she died, however, from depletion. In another instance, a woman, who had determined to kill herself, went near a bee-hive and irritated the bees, which instantly fell upon her, and stung her in the most shocking manner; she was carried to the Charité at Paris, but died in spite of any thing that could be done.

Persons who are found suspended, have the presumption of suicide against them, as this manner of death will hardly ever be imputed by others; not unfrequently, however, the bodies of murdered persons have been hung up, to make it appear that suicide has been committed. In such cases, the presence or absence of the signs of apoplexy or suffocation, and the ecchymosis round the neck, must especially be attended to; they afford, however, no decisive proof for or against strangulation, there being numerous observations on record where suicide had actually been committed by hanging, and yet the brain and lungs were found bloodless, and there was no ecchymosis from the chord round the neck. Rupture of the cartilages and ligaments of the larynx and os hyoides, as well as dislocation or fracture of the cervical vertebrae, afford no proof of murder having been committed; the case of a robust man is mentioned, who hung himself, and in whom the larynx was greatly lacerated, and a vertebra fractured. In most cases of strangulation, apoplexy of the cerebellum is produced, which, according to Gall and Serres, is always accompanied by morbid erection of the penis, the effusion of seminal fluid, and ecchymosis of the scrotum: in females, the uterus and vagina are filled with blood and mucus.

#### EXPERIMENTS ON CIRCULATION IN LOWER ANIMALS.\*

Dr. Carus has lately made some very interesting experiments, in order to ascertain how far the circulation of lower animals, especially of gasteropoda and crustacea is influenced by external agencies, such as heat, galvanism, &c., and by the nervous system.

\* Dr. C. S. Carus, Darstellung, v. d. aqua. Lebens, bedingungen d. weim u. kaltblüt Thiere.

The quantity of blood in snails (*helix pomatia*) was found to vary considerably, according to the weather and the degree of moisture of the soil. After a long drought, not more than five or six drops of blood could be collected, while in rainy weather, and in a moist soil, the average quantity is at least twenty. In the former case the pulsations of the heart are very slow, about 10 or 20 in a minute, and it seems, on the whole, as if the animal were in an incipient state of torpidity.

The blood of the snail consists, for the greatest part, of water and lime; \* it is of a whitish blue colour, venous consistence, and slight alkaline taste; after two or three minutes it coagulates, and separates into eror and serum, the former being double the quantity of the latter. The globules were very distinctly seen under a microscope, which magnified 34 times; they are perfectly circular, without any nucleus, but of various sizes. The quantity, and are not of the same size.

The heart of a *helix pomatia* being laid bare, by removing the two largest windings of the shell, was found to make between 30 and 35 pulsations in a minute; when it was exposed to the direct rays of the sun this number increased to 39; by dividing the cerebral ganglion from the nervous chord, the frequency was not changed, but at every 6th or 7th pulsation there was an intermission of two or three; after five minutes the heart ceased to act, but on the application of common salt, or by pricking it with a needle, the contractions again occurred for about ten minutes, after which time its irritability was completely extinct.

The heart of another animal, of the same kind, pulsated only 28 times in a minute; but when a ligature had been placed round the neck more frequently, though with an intermission at each sixth or seventh contraction. On removing the head, and part of the viscera, the heart continued to act as before, and when exposed to strong concentrated light, its pulsations even increased to 30 in a minute. After eight minutes it was taken out, and still pulsated 23 times, which, under the action of strong light, suddenly increased to 60. After 14 minutes it seemed insensible to any stimulus.

On dividing the vein leading to the auricle, the motion of the heart continued as before; being completely separated from the body, the pulsations became intermittent, and after about ten minutes ceased entirely; under the action of a galvanic battery, however, the contractions were reproduced, and could be kept up for more than an hour.

\* According to Erman, it exhibits also traces of iron and magnesium.

In a *craw-fish* (*astacus fluviatilis*) of half an ounce weight, the heart pulsated 49 times in a minute, and being opened emitted about 18 drops of blood, which, in consistence, colour, and taste, resembled that of the snail. It was found to contain less lime, but to coagulate much quicker under the microscope; the globules appeared also of various sizes, but in much greater quantity and with a dense nucleus.

The heart of a *craw-fish*, which, in its natural situation, beat 46 times, being separated from the body, ceased to act after five minutes. Concentrated light and galvanism seemed to revive its action, but in a much slighter degree than in the isolated heart of the snail.

On removing the head of a *craw-fish*, the frequency of the pulsations remained the same, but there was an evident intermission. Destruction of the first ganglion was followed by immediate interruption of the pulsations; within a few seconds, however, they reappeared, although very irregular and slow, not above 20 in a minute. Whenever the heart was brought under the action of the galvanic battery, it strongly contracted, even after having been for a long time insensible to other stimuli.

#### REMARKABLE CASE OF CATARACT.

In the Swedish journal, "*Araberättelse om Svenska Läkars Sällskapets Arbeten*," of 1827, the following singular case is related by Dr. Wendelström: a robust peasant, about sixty years of age, whose eyesight had always been very good, and who had never suffered from any complaint except slight attacks of gout, while occupied in felling wood in a forest, felt a dimness of sight, which gradually increased, and within a few hours terminated in such complete blindness, that he was obliged to be led home. He had not the slightest pain, nor could any external sign of inflammation be discovered; but when Dr. Wendelström, a few days afterwards, examined him, he found both eyes affected with cataracts, which were subsequently removed by extraction.

#### SUCCESSFUL TREATMENT OF UNUNITED FRACTURE BY SETON.

The history of this case is contained in the report of the Medico-Surgical Institution at Magdeburg. Jos. Roedel, *ætat.* 24, of a very healthy constitution, having, on the 30th of January, 1826, broken his thigh-bone, was, for ten weeks, under the care of a country surgeon; but, at the end of that period, it was found that the fracture had not united, and that there existed a preternatural lability between the two ends of the bone. After the unsuccessful employment

of a great number of remedies, he was, in September, admitted under the care of Dr. Dohldorf. The left thigh was not emaciated, and very little shorter than the right; when the patient was standing upright, the limb was bent inward; the fracture was nearly in the middle of the bone; the ends of which were not enlarged, and seemed to have no union whatever, for the lower part of the limb could be moved in all directions without any difficulty or production of pain; the general health of the patient was very good; and it being found, after an accurate examination, that the repeated and continued application of bandages and splints were without any effect, the introduction of a seton between the two ends of the bone was decided upon. The operation, which was performed on the 3d of October, was followed by a considerable degree of inflammation, so that it was found necessary to remove the seton on the 11th; suppuration was very profuse, and a great many fistulous abscesses formed between the muscles, so that the success of the operation, and even the life of the patient, was despaired of; at the end of a month, however, reunion of the fracture began to take place; the wound from the operation, and the abscesses, healed, and, at the end of December, a very firm callus had formed; the deposition of bony matter, which, from this period, became too copious, was diminished by compression; and, at the beginning of May, both limbs were of equal length, and, except a slight muscular weakness in the left leg, the patient was discharged perfectly cured.

#### RESEARCHES ON THE ANATOMY OF THE BRAIN.

By Dr. FOVILLE, *Principal Physician of the Lunatic Asylum for the Department of the Lower Seine, &c.*; to which is prefixed, M. DE BLAINVILLE's *Report on the Subject to the Royal Academy of Sciences.*

[The following papers appear in The Philosophical Magazine for the present month, to which publication they have been sent by a friend of Dr. Foville. No part of the papers have, as yet, been published in France.]

The Academy, at its meeting of the 24th of March last, referred to us for examination a memoir presented to it by Dr. Foville, who has long attached to the service of the Academy of Paris, and who is now chief

physician to the Lunatic Asylum at Rouen. The researches contained in this memoir relate to the anatomy of the brain of man only; they are not extended to the most nearly related species, and of course do not notice the inferior divisions of the osteosoa.

The study of the composition and arrangement of the central part of the nervous system, that is, of the spinal chord and brain of man has, at every period in which anatomy has been at all minutely cultivated, necessarily arrested the attention of the most celebrated anatomists. We learn this from the history of anatomical science from the time of the school of Alexandria, down to Gall and Spurzheim, who, in our day, have given to this kind of research an impulse and direction altogether new.

In this part of our structure, it is not surgical anatomy with which we have to do. hitherto the bold hands of our most distinguished surgeons have not ventured to carry the scalpel into parts so delicate, and possessing so intimate a connexion with the continuation of life. It is a higher description of anatomy:—it is physiological anatomy, of a nature necessarily somewhat speculative, which must direct the knife. Not that it is to endeavour to resolve questions inaccessible to human reason, such as, Where is the seat of the soul? What is its mode of action? and What is the relation which it bears to material substance?—but we must see if it be possible, by analysis, to discover what parts are particularly connected with the intellectual faculties, what with the senses, and what are connected with motion.

To resolve, or at least to throw light on, these great questions, of the difficulty of which we are, perhaps, not even now sufficiently aware, various means have been employed, according to the different manner in which the subject has been considered; and also according to the progress of biology, or the science of life.

The first method which offers itself, and that which in fact has been followed by most anatomists, is to examine the organ by itself, in the human subject, in its healthy state, and when arrived at its full development. But it was necessary to effect something more than a superficial examination of the form and proportion of the parts, and to penetrate into the interior more completely than could be done by merely making different horizontal and vertical sections, as was generally the practice before the time of Gall and Spurzheim. It was not with the brain and spinal marrow, as with the other organs, that a simple surgical anatomy was required. This would be all but useless, since it scarcely ever happens that an operation is required to be performed on these parts.

A second method, which it will be conceived possessed a superior degree of influence on our knowledge of the mysterious seat of our faculties, consisted in embracing the opportunity which design or accident afforded for comparing the cerebro-spinal system of man with that of the animals the most nearly related to him.

Although in this method, in common with the preceding, the examination was superficial, and limited to the form and proportion of the parts, it necessarily led to the assigning of particular functions to at least some of the parts of the organ, the coincidence being observed between the intellectual peculiarities of this or that animal, and the development of this or that part of its nervous system. Errors would necessarily be committed; but it is evident that by this means, after a greater or less number of unsuccessful attempts, some certain results might be obtained.

A third method soon presented itself to the biologist—one which could not fail to be of much greater importance and value in relation to the physiological anatomy of the brain. It consists in carefully studying the connexion between the more or less chronic morbid alterations of this central and essential part of the nervous system, and the functions of the intellect, of general or special sensibility, and of locomotion, in order to advance from functions to organs; since it was impossible, from the organs, to infer their functions. But, in order properly to employ this method, it was necessary, as will be readily perceived, that the healthy or regular state of the organ should be exactly determined, as well as the variations to which it is liable, both as a whole and in its parts according to age, sex, temperament, individual peculiarity, or variety of race, and this not with respect to form only, but with relation also to intimate structure. Thus we are brought back to the necessity of perfecting the first method.

This step was still more necessary to regulate the use of a fourth, and much more difficult, method, namely, that of experiments consisting of operations, by which, in general, the parts are more or less suddenly altered, a method which is liable to be still more deceptive in this than in any other branch of physiology; hence the very contradictory opinions which we find adopted by experimental physiologists. In fact, when we reflect that the parts of the brain are neither limited nor perfectly circumscribed; that in wounding or removing these parts with the bistoury we do not see what we are touching; that the action is immediate, violent, and sudden; that the consequent disturbance of function in the living animal being complex, cannot be the

faithful and certain interpreter of the injury,—we may conceive how difficult is the application of this mode of arriving at the true knowledge of the functions of the centre of the nervous system, however skilful and well-practised the hands of the experimenter may be.

These observations are also, to a certain degree, applicable to the method of employing medicinal substances for the purpose of experiments on the nervous system, whatever be the mode in which they may be introduced into the animal economy. We see, indeed, that after such an application, a particular phenomenon is produced, and that a particular change takes place in a particular faculty. But, first, the phenomenon is often a complicated one; and, secondly, it is very rarely, if ever, possible to discover the part or organ which has been affected. Hence the difficulty of ascertaining, by this method, the special functions of the particular parts of the nervous system.

As to the method, which consists in studying the nervous system in its progressive development, from the moment at which it first becomes perceptible to our senses, until its formation is complete, and thence through all its changes, as the animal arrives at its full maturity and afterwards descends to a senile death, and in analysing the corresponding progress in the growth and the decline of the intellectual, sentient, and locomotive functions;—this is evidently a more solid and an easier method, because it is anatomical. But it stands in the closest relation to the first method.

Next, and lastly, I shall speak of the fifth, or metaphysical method; since, in fact, it is the most modern, and that which evidently has led Drs. Gall and Spurzheim to their mode of viewing the anatomical conformation of the nervous system.

It is not difficult to conceive the possibility of analysing, *a priori*, all the functions of the intellect, of sensibility, and of locomotion; of systematising them, and of subsequently seeking, in the organised structure, a corresponding arrangement. It is this new direction which has diverted anatomists from the beaten track to which they had attached themselves before the labours of Gall and Spurzheim. Had Gall and Spurzheim done nothing but this, and moreover, were all the points of their anatomy to be successively contested and completely refuted, there would still remain to them the honour of having discovered a new impulse, and consequently to them must be referred, as to its source, all that may be valuable in future labours on this subject.

From this preliminary analysis of the means which may be employed to enable us to form some conception of the physiology

of the brain, it is evident that the chief and most important one, and that without which all the others must fundamentally err and be devoid of all certainty, is the minute internal, as well as superficial, anatomy of the human brain, in its adult, perfect, and healthy state. Without this point to start from, all must be precarious. It is the rule by which all the rest must be measured. How, in fact, shall we be able to say, whether a particular morbid symptom corresponds or not with a particular alteration in the development or structure of a certain part of the brain, if the healthy state of that part is not accurately known, and if, further, we are ignorant of the limits to the variations of which that part is susceptible? Can it be possible to point out the steps of degradation in the scale of animals, with respect to this most important part of the organization, if the point whence we are to set out has not been justly established? How shall we be able to draw a conclusion respecting the use of a part, from experiments made on animals, in which we are not sure that the part in question exists?

We do not hesitate, therefore, to assert, that notwithstanding the works of greater or less importance which (with more or less candour and accuracy) have within a few years been published by anatomists of all the nations of Europe, the cerebro-spinal nervous system is a field in which there still remains to be made, not a scanty gleanings but an ample harvest. But, for this purpose, it is essential that our researches should be directed to the human subject. It is in our own species alone that we can analyse the functions allotted to the nervous system—man almost exclusively being subject to those diseases and alterations of the brain, of which the effects can be appreciated by comparison. It is then a happy omen for the work of Dr. Foville, to observe, that his researches on the brain have commenced with the adult healthy brain of man. In order that his labours may be justly appreciated, we beg leave, before stating our analysis of them, to offer to the Academy a summary sketch of our present knowledge in this branch.

We shall not go further back than to the labours of Drs. Gall and Spurzheim, since to do so would be of no use on the present occasion. Besides, this analysis has already been made, and, indeed, often with that rigorous justice which tends rather to rob a living discoverer than to enrich his predecessor.

It will doubtless be recollected, that Gall and Spurzheim regard the spinal chord as consisting of ganglia, or masses of grey substance which they call nervous matter, corresponding in number to the principal nerves, and giving rise to the spinal

nerves, which, in their size, bear a proportion to the ganglia. Thus with them the superior bulbous extremity of the spinal chord is one of these ganglia giving origin to all the sensorial nerves, and also to two bundles of fibres, of which the upper, the corpus rectiforme, goes to form the cerebellum; and the inferior, the corpus pyramidele, the cerebrum. For this purpose these bundles are augmented by new fibres, which take their origin in the grey matter constituting the corpus dentatum or rhomboideum, for the cerebellum; and successively in the locus niger of Sommering, in the crus cerebri, is the thalamus opticus, and in the corpus striatum for the cerebrum. These are what they call the ganglia of reinforcement.

The numerous nerves which form the crura cerebri and cerebelli (and which they consider as being not less special with respect to the different parts of the hemispheres than the nerves belonging to the organs of the external senses are to them) are continued to the internal surface of the folded or convoluted membranes constituting the hemispheres of the cerebrum and cerebellum, and which is covered on its external surface with a layer of chitinous matter. From this latter substance arise other white or nervous fibres, which, differing from those before mentioned, pass from the circumference to the centre, and uniting with their fellows, on the median line, form for the cerebellum the pons Varolii; and for the brain the corpus callosum. These are the parts which Gall and Spurzheim call the commissures of the hemispheres in these organs.

One of us (Ducrotay de Blainville) has admitted in his general considerations on the nervous system, that the spinal chord is composed of two lateral columns, each of which consists of a principal part formed of white substance, and of grey matter, apparently internal, and of three longitudinal bundles: one anterior or inferior, and two posterior or superior; of which one is deep, the other superficial. He has also stated that these two columns are united together anteriorly by a commissure of grey, and posteriorly by a commissure of white substance.

The views of Blainville differ from those of Gall and Spurzheim in this; that he regards the spinal chord as continuous with all the parts of the brain, which organ he divides into a central part, and a ganglionic part with or without external apparatus. He considers that the central part begins to divide into two parts, where the fourth ventricle is formed by the separation of the two superficial posterior bundles, as they proceed onwards to the crura cerebri, which they contribute to form. The result of this

he considers to be the uncovering or exposure of the internal cineritious matter, and the formation of the thalami and corpora striata, if these bodies are not rather to be looked upon as true cerebral convolutions. The larger fasciculi of the chord, or those in which the cineritious matter is lodged, directing themselves to the right and left as they advance to the formation of the crura. Its even traces the central cineritious substance into the eminentia mammillares, and into the substance which closes the third ventricle anteriorly (the infundibulum). He traces this ventricle from its commencement at the pituitary gland, following it to the right and left into the lateral ventricles, and through the aqueductus Sylvii, or iter a tertio ad quartum ventriculum, into the fourth ventricle, and finally through the whole length of the spinal marrow.

Examining next the ganglia without external apparatus; namely, the olfactory lobes, the hemispheres, the tubercula quadrigemina, the pineal gland, and the cerebellum—he considers that each of these parts communicates more or less intimately with the central part to which it is attached through its peduncle or origin, consisting of ascending and descending fasciculi of fibres. He likewise considers that each lateral portion communicates with its fellow by a transverse commissure of medullary matter, that for the hemispheres being the corpus callosum, and that for the cerebellum being the pons Varolii.

He considers that the nerves which are called cerebral nerves communicate with the cephalic portion of the medulla, in the same manner as the spinal nerves do with the spinal portion, by means of two orders of fibrille, the one anterior, the other posterior; so that according to his view there are in the head only so many pairs of nerves as there are vertebrae, that is to say, that there are four.

Dr. Rolando, before the last of the authors whom we have cited, and as he himself asserts, before the first of them, had exposed the structure of the brain in a manner which it will be proper shortly to describe. His views, which it is not easy to understand, appear to us in many points to resemble those of Drs. Gull and Spurzheim. According to Rolando, the hemispheres are composed of numerous fibres, which, proceeding from their crura, ascend and diverge as they traverse a part of the cineritious matter composing the corpora striata. These fibres partly disperse themselves into the medullary matter composing the corpus callosum, the fornix, and the septum lucidum; whence on all sides medullary matter is spread in an extremely thinly extended form over that part of the corpora striata which projects into the ventricles; whilst

another portion of the fibres turning backwards forms the two posterior pillars of the fornix, the cornu, the cornua Ammonis, and the tails or narrow posterior extremities of the corpora striata. Whence it appears to him, that there are, in fact, no corpora striata, or thalami optici, properly so called, but that these prominences are formed by the interlacing and passage—1st, of the superior fibres of the crura cerebri; 2dly, of those which appear to come from the hemispheres, and to be in relation with the corpora quadrigemina; and, lastly, in the third place, of those which pass transversely, ascending and spreading themselves in the form of a membrane over the thalami optici in the direction from within outwards, and which, afterwards uniting into a chord, pass round the crura cerebri, and having decussated, constitute the optic nerves.

We thought it required of us to give this exposition of the principal methods which have of late been proposed to make known the structure of the brain.

#### *Lecture of Dr. Foville on the Anatomy of the Brain.*

Gentlemen,—During six years in which I was connected with the medical service of the hospitals of Paris, I had the privilege of being placed in immediate relation with those whose labours on the subject of the diseases of the brain have mainly contributed to the advancement of this branch of science. I endeavoured to profit by the advantages of my position, by imbibing their observations, and making myself master of their doctrines.

For this object it was most essential to have recourse to that foundation without which all medical theories vacillate on the brink of annihilation,—on anatomy, which has ever been most in arrear in that which relates to the structure of the brain.

It is true that very important observations had been made respecting the general development of the nervous system, and on its gradual complication in the scale of animals; and that anatomists are pretty well agreed as to its general composition. We are nevertheless ignorant of the structure of its principal parts; and the most widely received opinions with respect to them, are perhaps nothing more than ingenious hypotheses, which accurate observation may overthrow.

I saw that it was necessary that I should examine for myself. The first object of my researches was to verify accredited theories. Their first result was to inspire me with doubt respecting the validity of those theories. In the course of these researches I was struck with certain constant dispositions in the cerebral organisation, which appeared to me to have been hitherto unnoticed. I

multiplied my observations, and found that the facility of making them was increased by daily practice; and I soon became sufficiently familiar with the details of structure which I had noticed, to be able clearly to demonstrate them.

It is three years since I laid before my preceptors and colleagues, for their opinion, the anatomical preparations of the brain, which I made in their presence. I was animated by the confidence which their united approbation excited.

About the same time I had the opportunity of soliciting the judgment of those whose whole career had been devoted to the study of this subject; and if they were not all decided in favour of my views, by the greater number, the preparations on which these views were founded were considered to be conclusive.

My Essay was presented to the Academy of Medicine; but in consequence of the death of Professor Beclard, who was appointed the reporter, the judgment of that learned society has, down to the present time, been suspended. Notwithstanding, the Academy of Medicine condescended, not long after, to award its prize to an extensive Essay on the functions and diseases of the nervous system, of which Essay my anatomical researches formed a part.

Although since that period I have been removed from the capital in order to take the charge of the medical department of the noble institution for the insane at Rouen, I have not ceased to pursue my anatomical researches, which I am now occupied in describing.

Before sending my work to the press, the greatest favour to which I can aspire, and the most imposing title which I can covet as a claim to the confidence of the public, is, unquestionably, the favourable decision of the Academy of Sciences. With the hope that the Academy will grant a few moments to the examination of my observations, I have requested to be allowed the honour of reading a summary of the facts which I flatter myself that I have proved.

Laying aside the historical examination of the subject, and taking up the science at the point to which I find it at present advanced, I shall in the first place say a few words respecting the spinal marrow, and shall afterwards describe, in succession, what I have observed in the organisation of the cerebellum, in the crura cerebri, in their expansion in the corpora striata, and thalami nervorum opticeorum; and, finally, I shall speak of the organisation of the brain itself, and of its principal parts.

To these anatomical data I shall subjoin the physiological and pathological considerations as the subjects may elicit.

(To be continued.)

## BRANDE'S QUARTERLY JOURNAL.

(Concluded.)

THE qualities of a man, say the philosophers of the *beau monde*, are to be guessed from his bow; and if the same rule, with a little inversion, hold good amongst philosophers of another kind, the title of Mr. Meikle's paper (page 56) will go far towards settling the merits of the paper itself. We justify our remark by extracting it. It professes to consist of remarks "*On the relation between the Density, Pressure, and Temperature of Air; and on Experiments regarding the Theory of Clouds, Rain, &c., with a Conjecture about Thunder and Lightning.*" The first of the three sentences is well enough, but the expression "on experiments regarding the theory," comes in a very questionable shape, and the "conjecture about thunder and lightning" presents as curious a heading for a paper written by a philosopher of a certain degree of note in the nineteenth century, as can well be met with in the whole five-and-twenty volumes of Mr. Brande's Journal. It would be harsh, perhaps, to pour the whole wrath of Lindley Murray and Dr. Blair upon so humble an occasion as this, especially as information, not criticism, is our object; but it is difficult to pass such an unphilosophic mould as that in which this "conjecture about thunder and lightning" was formed, without a word. There is something, too, to be learned, even from the slips of philosophers; and when we know that there is no species of writing so favourable to a clear and elegant style as that in which science requires to be communicated, error, in that style present so much the greater prominence to the eye. Correct language, and a just mode of expression, are not less important to the objects of philosophy, than the knowledge which its language is intended to impart. No man ever felt the truth of this more forcibly than Professor Playfair, whose writings we may instance as a model of clear, concise, and elegant composition.

Mr. Meikle, however, ought to have all the benefit of his conjecture which we can give him:—"The conjecture which I have to throw out is, that when a large mass of warm damp air is suddenly moved upward, it dilates, is cooled, and deposits a considerable share of its moisture, which, in laying aside the gaseous form, parts with electricity, and emits lightning. The sound may be partly a tremor, which the air sustains at the moment the pressure is relaxed by the vapour losing the elastic form, and may be partly an effect of the electricity in

making its escape from the cloud. The thunder and lightning which sometimes attend the condensation of large volumes of steam emitted by volcanoes, are favourable to this theory, as are likewise the noise and lightning of the water-spout, if not some parts of the northern lights." The reasoning from which this theory is deduced, occupies too formidable a space in the original, to allow of its condensation; but the account of an experiment upon which Mr. Meikle founds his "theory of rain and clouds," as it is not long, presents the gist of his arguments, and is very plausible, we shall extract. Mr. Meikle considers, that if by any means you dilute or expand a given body of air which contains moisture, the temperature of that air is lowered, and the moisture is deposited. This deposition of moisture in the natural world constitutes clouds or rain. Thus, a mass of air, well saturated with moisture, may rest near the surface of the earth, and exhibit no particular phenomena. If by some cause it rises, and gets into a colder atmosphere, it dilates; its temperature is lowered, and the moisture either descends in drops, or unites and forms a cloud. "The following simple experiment affords a more direct proof, that sufficient rarefaction will always change common undried air into a cloud, or, if very moist, into rain. Connect a small glass flask, containing moist air, with the receiver of an air-pump, by means of an intervening stop-cock, shut the cock and exhaust the receiver; look attentively at the flask; open the cock; the air in the flask will be immediately rarefied, and a momentary mistiness will be perceived in the flask; this is moisture condensed into a cloud by the cold caused by rarefaction. A cloud which is visible in so small a quantity, would be pretty dense on a large scale. I have never tried this experiment without succeeding; but I believe it may fail, if the air contains but little moisture, the receiver is very small, or the stop-cock has a very narrow bore." If these disadvantages do not occur, the experiment may be renewed twenty times with but one exhaustion of the receiver.

*En passant* we may notice, that Mr. Meikle and Mr. Ivory cannot agree. They are like the rest of the world; but whether it be in the fields at Battersea, or at the back of Gower Street, in Ambrose's parlour, or in the philosophical magazines, it is refreshing now and then to look on, and see who has the best of it.

It does not seem of much practical consequence of what our mineral waters are composed, for we have gone on with them hitherto, content with analyses of the most wretched kind, if the latest analyses of some of them be correct. What a singular varia-

tion from the truth did the supposed contents of the Malvern waters, for instance, present till within the last year or two.\* The Bath water has been subjected to a new analysis by Mr. Walcker, (page 78,) and not before it needed it. Its constituents prove to be chlorine, sulphuric acid, carbonic acid, potassa, soda, lime, magnesia, oxide of iron, alumina, and silica. Besides these, the mineral water contains some extractive matter, its residue, when evaporated, being coloured, and containing an admixture of carbon after ignition. The chemist, after casting his eye across this list, may be induced, perhaps, to suspect some of the old analyses of mineral waters. There is the result of some other examinations of obscure springs, page 89.

How important a document to Mr. Bailey, in the *anonymous* letter, page 90!

Making our notes in the order in which the papers stand, they would next form—a notice of an abstract of a review of a translation of a French Essay, by M. De Jonnes, on the Effect which Forests have upon Climate,—involving, from first to last, the errors of three languages; for, while the essay is French, the translation and the review are German, and the abstract is English. By this time the contents have been filtered too many times to be worth having. The original essay argues that woods have a very considerable effect upon climate, by lowering the temperature, and increasing the humidity; the essay is the result of considerable excitement on the subject in the Netherlands, where the topic is looked on as very important; this is as much as we can venture to think of saying upon the article.

A "curious phenomenon," which presented itself to the eyes of Mr. Octavius Morgan, on a visit to Vesuvius, during a violent eruption and storm, consisting of a phosphorescent glory around the upper extremities of his friends' garments, is not sufficiently uncommon for extraction.

By far the most valuable paper in the journal is near the close of it, and has been transmitted from America by Professor Bonnycastle, whose election to the mathematical chair at Virginia was a high, though perhaps an unavoidable, compliment to the talent of this country. It extends to above twenty pages; but instead of attempting a condensation, we shall

\* See Mr. Addison's Essay on the Mineral Water of Great Malvern, &c., a book worth the perusal of those whose complaints carry them to the pump-room.

merely state its object, with this observation, that it places the phenomena of electricity in such a position, as to demand an attentive perusal on the part of all those whose pursuits lead them to the study of that branch of philosophy. "If the view I have taken be correct," says the Professor, "it follows that electricity, galvanism, and magnetism, are *radiant fluids*; that they are caused to radiate by *heat*, and commence at a fixed temperature, which is precisely that at which light itself is first given off in abundance." To this we add one observation. Mr. Bonnycastle's experiments decidedly confirm the fact, that the difficulties which sometimes occur in obtaining the full effect of electrical experiments, are not to be ascribed to the causes to which they're repeatedly referred at our lecture tables—a moist state of the atmosphere. Take a specimen of what constantly occurs. Every possible care is taken to keep the apparatus in a warm, dry room, previous to use; it acts very perfectly in the morning; it is brought at night into a room filled with people; the electrical machine is worked in vain; the jars refuse to be charged; the electrophorus is useless; the curator of apparatus wears his silk handkerchief to a rag, with rubbing the cylinder of the machine, to counteract the effect of "the damp state of the room," and keep it dry; he polishes the jars, he scours the instruments, the lecturer is perplexed, and, at length, overcome by the obstinacy with which the moisture arising from a large audience will settle on the apparatus, gives it up in despair, and is content with slight shocks, in place of the powerful effects he is anxious to produce. It is sufficient for us to refer those who have been thus mortified to this paper, for an explanation of the real cause of the phenomenon, making the following extract of Experiment 7, page 137:—

"Robison and others have explained the depriving power of points" when presented to an electrified body, by referring it "to a stream of electrified air which they maintain. To discover whether the depriving power of flame might be produced in a similar way, the charged plate was blown upon by bellows, for four seconds, without any material loss of electricity, which was likewise the result when it was plunged in the vapour of boiling water. From this last experiment we may observe how small a part of the loss, which takes place in all electrical experiments, arises from the conducting power of the air, even when charged with moisture." ☉

The remaining articles are hardly reducible to any thing in the shape of extract. Shipping also a few pages of tables, and leaving the "mechanical science" to scientific

carpenters and masons, note we the following proof of the perfection to which French chemists are bringing their art. They profess to have discovered a mode of making diamonds. So does Mr. St. John Long profess that he can cure tubercular consumption. Article 10 thus condenses the history and particulars of the discovery:—

"*Supposed Discovery of a method of making Diamonds.*—Much expectation has been excited by the announcement of a method of making diamonds, discovered in France, and actually communicated to the Academy of Sciences, at Paris, by M. Gannal, on the 3d of November last; but, as yet, the expectation has not been satisfied, and no philosopher, who can be considered as competent to judge of the process and the products, has as yet sanctioned the announcement by the authority of his opinion. The point to be gained is the crystallisation of carbon, and this, it is said, is done by the simplest possible case of chemical affinity. The well-known liquid compound of sulphur and carbon is put into a vessel, covered with a layer of water, and then a stick of phosphorus introduced; the phosphorus dissolves in the sulphuret of carbon, soon takes the sulphur to form a sulphuret of phosphorus, and then the carbon is set free as a crystalline diamond powder. It is distinctly said that crystals are obtained white or colourless, very brilliant, hard, extremely refractive, and admitted by workers to be real diamonds.

"Since these announcements, other diamond makers have come forward, one of whom, M. C. de la Tour, informs the Academy of Sciences, that he also had succeeded in crystallising carbon and obtaining diamonds by methods different from those of M. Gannal, and that a sealed packet, left with the Secretary in 1824, contained an account of his first processes. From M. Cagniard de la Tour's character as a philosopher, we must feel satisfied he would not say so much without some good foundation; and on this ground, therefore, we have hopes that, upon inquiry, the crystallisation of carbon may prove to have been effected by art. M. Arago also announced that he knew another person who had arrived at similar results."

But here follows a note of some little consequence to this subject:—

"*Academy of Sciences of Paris, Nov. 24th.*—M. Thenard gave an account of the experiments made by himself, MM. Dumas and Cagniard de la Tour, to verify the trials, by which the latter thought he had obtained the power of crystallising carbon, and forming diamond. An accurate analysis of these crystals, which had no colour, proved, however, that they were only *silicates*, and not artificial diamond."

**Glucium and Yttrium.**—These earths have been decomposed by M. Wöhler, by a process the same as that which he applied to alumina. The metallic bases are as little oxidable as aluminum, and have many analogies with it. From the experiments which have been made on these earths it results,—"That the bases of alumina, glucina, and yttria, are metals which, at ordinary temperatures, do not act upon air or water, but decompose water when acids or alkalies are present, and burn vividly in oxygen, chlorine, bromine, iodine, sulphur, selenium, and phosphorus."

The following experiment is interesting:—

**"Vegetation in Air at different Pressures.**—M. Döbereiner took two equal glass vessels of 320 cubic inches capacity each; in these were put portions of the same earth, in which two portions of barley had been sown, and moistened to the same degree. The air was now exhausted from one vessel until the pressure equalled 14 inches of mercury, and in the other it was condensed until the pressure equalled 56 inches. Germination took place in equal times, and the leaflets were equally green; but, at the end of 15 days, the shoots in the rarefied air were only six inches long, but in the condensed air from nine to ten inches. The former were expanded and soft, the latter rolled round the stem, and solid; the former were wet on their surface, and especially at the extremities; the latter nearly dry. 'I am disposed,' says M. Döbereiner, 'to believe that the diminution in the size of plants, as they rise on mountains into higher regions, depends more on the diminution of pressure than of heat.' The phenomenon of drops of water on the leaves in rarefied air calls to mind the relation of a young Englishman, who, whilst passing through Spanish America as a prisoner, remarked, that 'on the highest mountains of the country the trees continually transpired a quantity of water, even in the driest weather, the water falling sometimes like rain.'"

The annexed communication, by a naturalist of considerable talent and observation, Lieut. John H. Davies, contains a strong proof that the conjecture to which it alludes is something more than merely ingenious.

**"Sexual Instinct of Insects.**—It has been asserted, that the circuitous flight of the butterfly tribe arises from one sex pursuing, through the air, the track of the other; and that, if an unimpregnated female of the *phalena guttus* (egger moth) be carried in a gauze cage into the haunts of that species, numbers of the males will be attracted, so as to be easily captured. I have never had an opportunity of verifying this fact,

but, from a circumstance which occurred to me during the past year, I have no doubt of its correctness. I was engaged in rearing lepidopterous insects from the larvae, and had a great variety of the pupæ of different species. One evening, I found a female *sphinx ocellata* just emerged, which, in lifting from the floor, ran up my arm and round the collar of my coat: two hours after, on returning to my study from shutting some glass frames in the garden, a very fine male, of the same species, was fluttering on my shoulder, where the female had previously crawled. But a still more curious fact, which must appear almost incredible, remains to be stated. Two females of the *sphinx populi* were evolved. The next day I found three males in the room. As no one had entered it in the interval, nor was there apparently any mode by which they could gain access, I was somewhat puzzled to account for their appearance. The same evening, however, the mode of entrance was made apparent, by two more males, of the same species, coming down the chimney; one of which fell into a vase standing on the fire-place, where I captured it before it could extricate itself. Afterwards, upon occasion of the evolution from the pupæ state of females of the *phalena bucephala* and *phalena salicis*, the windows of my study were completely besieged by males of the same species, which, upon throwing open the windows, eagerly rushed in."

We close our notice with the following extract on the subject of

**"Spontaneous Human Combustions."**

That cases happen in which the human being, even when alive, undergoes a sudden destruction, as if by a consuming process, cannot be doubted; and these are now so numerous as to have induced M. Julia de Fontenelle to read a paper on the subject to the Academy of Sciences at Paris. Fifteen instances are particularly described by him, from the details of which the following general results are obtained:—1. Generally those who have died by spontaneous combustion have indulged in excess of alcoholic liquors. 2. The combustion is almost always general, but in some cases may be partial. 3. It is rare amongst men; the women have, in almost every case, been aged. 4. The body and the viscera have always been burnt, whilst the feet, hands, and top of the head, have almost always been preserved. 5. Although it is known, by experience, that a very large quantity of wood is required to burn a corpse, this particular kind of incineration occurs without inflaming the most combustible substances of an ordinary kind near it. 6. It has not been shown, in any case, that the

presence of an inflamed body is necessary to commence this kind of combustion. 7. Water, instead of extinguishing the flame, appears to give it more activity; and when the flame has disappeared, the combustion proceeds within. 8. They occur more frequently in winter than in summer. 9. The cure of general combustions has never been effected; only of partial ones. 10. Those to whom it has happened have experienced a sensation of strong internal heat. 11. It is suddenly developed, and consumes the body in a few hours. 12. Those parts which are not reached by the fire are affected by sphacel. 13. A putrid degeneration ensues which causes gangrene. 14. The residue of this combustion is composed of greasy cinders and an unctuous fatty matter, both having a fetid odour, which is perceived at a great distance."

## QUACKERY.

To the Editor of THE LANCET.

SIR,—In consequence of my belonging to a Society, to the members of which the medical periodicals are sent in rotation, I did not happen to see the communication you received from Mr. St. John Long, (in your Number for 21st of March,) in reference to my last letter to you, until three weeks after its publication, or I should have made an earlier reply; but, perhaps, it is not now too late for me to make some remarks on it. Mr. Long, in the true spirit of quackery, seizes the opportunity I have given him, to puff off the opinions which his patients and their friends entertain of him; I do not suppose that Mr. Long would be so impolitic, as to be otherwise than kind to his patients; it is a part of the system. Talk of his mode of treatment prolonging life, in the opinion of friends! why, Sir, we have a man here who will beat him hollow in that respect, as he may see by examining any number of The Devonport Telegraph and Plymouth Chronicle, for the case of one Hallett, a self-dubbed Doctor, who cures every thing. Mr. Long ascribes the diarrhoea to the patient having gone out on a wet day. It needs no ghost to tell us that diarrhoea, in the latter stages of true phthisis, will generally come on, whether the patient is out of doors or in bed; this is something like an unsound chess-player, who, instead of acknowledging his own want of skill, ascribes his loss to some troublesome fellow looking over him. Mr. Long must not, Sir, by talking of the gratitude of his friends, or the amiable qualities of the young man alluded to, (qualities which I well know, long before Mr. Long had any thing to do with him,) he must not, I say, seek thus to shift upon himself the remarks which refer to his

pretended success. Mr. Long (or his friends for him) has pretended to cure confirmed consumption, by a means which others do not possess; he exacts secrecy from his patients, before they place themselves under his care; and he has published, or connived at the publication (in The Literary Gazette) of assumed cures of consumption, which are not fair cases of that disease; and when a true case of tuberculated consumption has been put under his superintendence, he has failed. These are facts which Mr. Long requires of me—*ex uno disce omnes*; I mean to say, Sir, that Mr. Long, as far as the faculty has been able to learn, possesses no better means of curing phthisis, than any well educated practitioner, nor has he shown by his cases, that he possesses even these means. Every practitioner knows, that symptoms of debility and emaciation often occur in bronchitis and chronic catarrh, which are designated by the world, cases of decline or consumption, and there are not wanting dishonourable men who will confirm such opinion, and designedly embrace such an opportunity of pretending to cure as consumption, what they know to be a very different disease. If Mr. Long wishes to avoid the imputation of such conduct, he will no longer lock up himself and his system with his patients, but will follow the example of Dr. Beddoes, with respect to cow-vapour and gas; of Dr. Jenner, with regard to tartar emetic ointment; and of Sir A. Crichton, in reference to tar-vapour; he will let his system have the fair trial to which practitioners throughout the kingdom will instantly submit it. He says he wants no favour, but "cheerfully and fearlessly challenges the impartial and honourable investigation of the public and the faculty." We wait for the opportunity; let him give it to us, and then we shall see whether his assertions are worthy of consideration; if they be, he may be assured that he will gain more by a fair and honourable celebrity, than he can hope to acquire by means which quackery has always adopted. He talks of "ungentlemanly remarks;" why, the man who, for the sake of filthy lucre, or an ephemeral reputation, conceals a remedy for one of the most fatal diseases that we are acquainted with, deserves the execration of every honourable mind; leaving out of the question the moral responsibility he incurs, by withholding a mode of cure which (if beneficial) might be applied to the relief of human suffering throughout the country. If Mr. Long dare to divulge his secret, I have no doubt it will turn out to be just as efficacious as the infallible earth-bathing remedy of Dr. Graham, or the beef steaks and porter of Dr. Stewart.

I am, Sir, your obedient servant,  
Plymouth, April 14, 1829. M. D.

## THE LANCET.

*London, Saturday, April 25, 1829.*

SOME discussion took place a few evenings ago, at the Westminster Medical Society, on the question whether a medical man, in giving evidence as to the cause of death in a criminal trial, was bound to confine himself strictly to the appearances exhibited on inspection of the body; or, whether he ought also to take into his consideration the moral circumstances, which, in connexion with the appearances of the body, might materially influence his judgment. Medical men are too apt, when called upon to give evidence in criminal cases, to consider themselves bound to take a purely technical view of the question on which it is their duty to inform the Court and the Jury, and to exclude from their consideration the influence of circumstances, which could not fail to affect the conclusions of non-professional witnesses. From an excessive anxiety not to mislead, or a false tenderness in favour of life, they often embarrass judicial investigation by raising doubts, where none could be rationally entertained, and not unfrequently defeat the ends of justice. The evil arising from this cause would be greater than it practically is, if the indecision of medical witnesses were not so generally known and appreciated by juries, that verdicts are frequently returned in opposition to their testimony. In cases of murder, however unequivocal may be the evidence by which the crime is brought home to a prisoner, it often happens, that when the medical witness comes to be examined, he gives a cautiously qualified opinion as to the cause of the death of the deceased. He will pursue himself in the search of remote possibilities to explain that which a moral certainty accounts for, and go to Rome for a reason, when he can find one at Charing Cross. Besides tenderness for the life of

the prisoner on trial, there is another cause, we believe, which frequently occasions this indecision in medical witnesses, and that is, an erroneous view of the grounds on which they are entitled to give evidence in criminal cases. In general, witnesses must speak to facts, and opinion is not evidence, except when given by professional men in matters relating to the art or science with which they are conversant. But there is nothing in the rule of law which admits testimony of this description, to restrain professional men from taking into their consideration probabilities as well as facts, which may be distinct from those of which they are professionally best able to judge, in order to arrive at an opinion founded upon all the circumstances connected with the subject of investigation. It is supposed, that if a medical witness formed his judgment partly upon circumstances independent of the medical facts of the case, he would, *pro tanto*, stand in the situation of a non-professional witness, whose opinion is not legal evidence. But it is to be borne in mind, that a professional opinion may, and it is often essential to the soundness of such an opinion that it should, be founded, partly upon facts of which the witness is, by virtue of his profession, best capable of judging, and partly upon facts unconnected with his professional knowledge, and also upon moral probabilities, which may most materially affect his conclusions.

In making these observations, our readers will not suspect us of a desire to underrate the importance of exercising a due degree of caution in giving medical testimony, or to encourage the profligate effrontery with which medical witnesses have come forward, on some recent occasions, to volunteer opinions upon oath, without the slightest knowledge of the facts which formed the subject of judicial investigation. It is one thing for a medical witness to combine moral evidence with the evidence of his senses, and to give an opinion, founded partly upon facts, and

partly upon prohibitions and another, for a medical witness to volunteer an opinion without any evidence at all, and to swear, for example, to the skilful performance of an operation which he has never witnessed.

If the eyes of the public were not by this time thoroughly opened to the workings of the corrupt system, by which Neveys and Noodles are smuggled into medical office, nothing would have tended more effectually to degrade the character of the whole profession, than the disgraceful exhibitions recently made in courts of justice by hospital surgeons. The errors of medical witnesses in criminal cases, arise, for the most part, from misdirected benevolence; but the testimony given in the civil cases to which we allude, admits only of one explanation—it could have proceeded only from an intrepid disregard of the obligations of an oath, and a resolute determination to screen a corrupt system, at all hazards, from the consequences of public scrutiny—from the disgrace of detection and exposure.

There is a class of civil cases, often involving large pecuniary interests, in which medical men are called upon to give opinions *pro* and *con*, and in which much reputation may be gained or lost, by the manner in which such opinions may be delivered. Mr. GREEN will understand the force of this observation, when we remind him of the remark made by Sir JAMES SCARLETT upon his testimony, at the close of a most raking cross-examination, in an action brought by the executor of the late Duke of Saxe-Gotha, against the Atlas Insurance Company, to recover a sum, to the amount of which the Duke's life had been insured a few months before his decease. In this case the mental imbecility, as well as bodily disease of the Duke, was proved by such unequivocal testimony, that even Lord TENNYSON, patient and enduring as he is, discovered strong symptoms of impatience at an early stage of the proceedings. There were three hospital surgeons subpoenaed on

the part of the Atlas Company, and the same number, we believe, attended to assist in making out a case for the Duke's executor. Mr. GREEN was one of the latter, and he gave his testimony with an intrepidity which might have been serviceable in a less desperate cause. It had been proved, that the German Potentate had lost the use of his speech for months before the policy of insurance on his life was effected; that he was reduced to so deplorable a state of imbecility, as to have become an object of ridicule to his own domestics; and that on the examination of his body after death, a tumour of enormous dimensions had been discovered pressing on the brain. Yet, in the teeth of all these facts, Mr. GREEN swore that he not only did not believe the Duke to have been deficient in intellectual vigour, but *quite the reverse*! Mr. GREEN was the first medical witness examined, and it is almost needless to observe, that, after his cross-examination, the case went no further.

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*An Essay on the Use of the Nitrate of Silver in the Cure of Inflammation, Wounds, and Ulcers.* By JOHN HIGGINSBOTTOM, Nottingham, M.R.C.S. Second Edition, much improved and enlarged. London, 1829. Seeley and Burnside. 8vo. pp. 804.

Mr. HIGGINSBOTTOM has changed the title under which the first edition of his *Essay* was published, and has substituted the term "nitrate of silver" for that of "lunar caustic." He has done this under the following impression. "I would in this place" (the preface) "correct a prevailing error in regard to the action of the nitrate of silver; it has been termed a *caustic*; this is altogether erroneous; it is the very reverse of a caustic. It is impossible to destroy any but the most superficial parts by the nitrate of silver. In this it differs widely from some other substances to which the same term has been applied. I speak

of it in its solid form. Instead of destroying, it frequently *preserves* parts which would inevitably slough, but for the preservative powers of this remedy. A new term is, in fact, required for the peculiar kind of influence which the nitrate of silver possesses in subduing and checking inflammation," &c. &c. To this, however, Mr. Higginbottom makes no attempt to help us, though he has had so many opportunities of observing the action and effects of the nitrate, that he might, without evincing much presumption, have suggested some term to which they were capable of being reduced. This would have been but a fair act off against the countenance which the first edition of his book gave to the error of which he now complains. Throughout that edition it was treated as a caustic.

We should have expected that the additional experience of three years would have enabled the author to treat his subject in a more philosophical manner than that in which he first imparted his views; and we should have been glad of the opportunity, through his assistance, of assigning a peculiar application of this kind a more definite station amongst the remedies for external injuries and disease, than it has yet obtained; but Mr. Higginbottom has hardly even a speculation upon the subject. He still regards his duty to be that of "simply ascertaining and stating practical facts," and is "quite at a loss to determine how the apparently simple process acts in subduing inflammatory action." We are sorry for it. Interesting as the facts he details may be, the value of the Essay would be materially increased, by any scientific deductions drawn from them.

Having noticed that which our author has not done, we shall very briefly mention the "additions and improvements" which he has made to the present edition. "It is but just to add," he observes, "that this should be regarded as a new work. The greater part of its pages are occupied by

subjects scarcely touched upon in the first edition. I had not conjectured at that time, that phlegmon, erysipelas, inveterate ulcers, &c., as well as punctured and bruised wounds, would find so easy and effectual a remedy in the nitrate of silver."

At page 149 is a chapter intitled "Burns and Scalds."

"I have found that, by slightly passing the nitrate of silver once over a burnt surface, the pain is increased for a short time, but then totally subsides, vesication appearing to be prevented; the black cuticle peels off in a few days, leaving the part well. In cases in which the cuticle has been removed, the nitrate of silver applied on the surface, induces an adherent eschar, and prevents the consequent ulceration. In cases in which a slough covers the surface, I have removed it with the scissors and forceps, and applied the nitrate of silver, and have cured them by the unadherent eschar. In one case, in which, after a burn, the part was healed over, and a considerable cicatrix formed resembling a fungus, and attended with severe pain, the nitrate of silver, applied as in external inflammation, removed all inflammation and pain."

Six cases of recent burn follow, in each of which the nitrate of silver was successfully used. In very extensive recent burns, Mr. Higginbottom says he has had no opportunity of trying it.

There is then, a case of *erysipelas* from a burn, and the following, entitled "*Hard and Painful Cicatrix after a Burn*," which we extract, as being, according to the author, "a peculiar case, almost incurable by any other means."

"Timothy Coleman, aged thirty-two, whilst in a state of intoxication, burnt his shoulder and arm very extensively. He was under the care of a surgeon, and the sore was healed in ten weeks. There still, however, remained an inflamed surface, larger than the size of the hand, over the deltoid muscle. It had the appearance of fungus cicatrised over; it was attended with so much heat and pain, as to prevent him from sleeping at night, or following his employment in the day, for thirteen weeks, even after it was said to be cured. He had used a number of remedies. His health continued good. I first saw him June 20, 1827. I applied the nitrate of silver, as in external inflammation, over the whole diseased surface. I directed the part to be exposed

to the air for three days, and after that time to be covered with the neutral ointment. As my patient resided at a distance in the country, I did not see him again for a fortnight, when he informed me that eight hours after the application of the nitrate of silver, he had more ease than he had experienced since the accident, that he was nearly free from pain, and that he then slept well. I again applied the nitrate of silver very freely on the whole affected surface, as there still remained several inflamed spots, besides several slight ulcerations caused by the nitrate of silver. I then covered the part with the neutral ointment. In a week, I saw him again. He said he had suffered more from the last application than from the former one, that it had acted more like a blister, that there had been a very free discharge, and that the eschar had separated sooner. Scarcely any irritation, except from a few superficial ulcerations, on which I passed the nitrate of silver very lightly; I continued the neutral ointment. A few weeks afterwards this man called on me to say that he was quite well."

He recommends the nitrate as a blister, and, with his friends, thinks it will soon supersede the use of cantharides, of warm water, and of the heated metallic plates of Sir Anthony Oyster. It can never supersede the "metallic plates."

We subjoin a case of blistering in inflammation of the urethra.

"Mr. C., aged thirty-five, had been affected several times with virulent gonorrhoea. He was again infected, three or four weeks ago. In four days he had severe chordee. The usual remedies were administered, and leeches were applied along the course of the urethra. The discharge ceased; but the inflammation became so severe as to require, in the course of three weeks, the application of a hundred and twenty leeches, and he was twice bled from the arm: he had frequent warm baths, and purgative and anodyne medicines were given, but without any amendment in his complaint. I attended this patient, in consequence of a total retention of urine, late at night. I passed the catheter, and gave him sixty drops of laudanum. On the following morning, he informed me that he had passed a very bad night, and was still unable to void urine. On examining the perineum, I found it very hard, swollen, and tense. He complained of a most distressing, aching pain, striking in a direction to the left side of the abdomen. This pain had been so severe for nearly three weeks, that Mr. C. had been totally deprived of sleep, and was

almost exhausted; his countenance very pallid. I moistened the perineum, and the whole course of the urethra to the end of the penis, and then applied the nitrate of silver freely, so as to cause immediate vesication. My patient complained much, even before I left the room. I visited him in eight hours, and learnt from him that he had experienced a severe burning pain for three-quarters of an hour, and then a smarting pain for several hours. All pain, however, had then quite left him, and he was perfectly easy; but he had passed no urine. Next morning still perfectly easy, had passed a good night, and had enjoyed more sleep than he had done for three weeks. There had been a very free discharge of serum from the blistered part. No attempt had been made to pass urine. The catheter used. Next day the blistered part had a moist, soft, doughy feel, and had lost all the character of inflammation; there was still a very free discharge of serum. This discharge continued four days after the application of the nitrate of silver. No further local remedy was required. I gave saline and purgative medicine. The use of the catheter was resumed at times. About a week after this period a free gonorrhoeal discharge came on, and continued for some time, but it gave way to the common remedies."

There are some cases of *gun-shot wounds*, *neuralgia*, *ulceration of the tongue*, &c., and one of *contracted rectum*. The patient in this latter case, aged 30, suffering under almost total obstruction; the stricture occurred about two inches within the anus, very small and firm. He was extremely emaciated, and could with difficulty use a bougie. Mr. Higginbottom was induced to apply a stick of the nitrate within the contraction.

"This I effected with the common nitrate of silver case, using the index finger of the left hand as a director. The application caused a sense of burning heat in the part for two hours, with severe tenesmus, and a considerable discharge of mucus. My patient obtained so much relief, however, from the application of the nitrate of silver, that he was enabled to bear the introduction of a small bougie two days afterwards. I then persevered in the use of the bougie, and whenever the irritation became great, I applied the nitrate of silver as before. By these means I was enabled, in a short time, to pass my finger through the stricture. I found it to be about two-thirds of an inch in extent. I could discover no ulceration. I gradually increased the size of the bougie, and, at the expiration of a few

months, the patient could bear to pass the largest rectum bougie: he also gradually recovered his health and flesh. The patient has continued the introduction of the largest rectum bougie once or twice a week for the last several years. In this case it is very evident that the patient's life was saved by the use of the nitrate of silver."

The work contains very considerable information, and the surgeon may consult it with advantage.

## LONDON MEDICAL SOCIETY.

April 20, 1899

Mr. CALLAWAY, President, in the Chair.

### DISGRACEFUL REPORTING IN THE CHARITY GAZETTE.—VITALITY OF THE BLOOD.

THE PRESIDENT did not take the Chair until a quarter past eight o'clock.

The REGISTRAR having read the minutes of the last Meeting,

Mr. WRAY rose. He was exceedingly sorry to complain, either of the minutes of the Registrar, or of anything which appeared in print, but he felt he should be compromising his respectability in that Society, unless he took this opportunity of doing so. He was certain that no medical gentleman could read the report of the Society's proceedings, in a certain publication of Saturday last, without feeling disgraced by it. The report was calculated to degrade the character of the practitioner in the highest degree. Neither Dr. Walshman nor himself had said one word about *force*, in relating the case he had described to the Society last Monday, yet the term *force* was used in this report twice or three times. The Society would recollect, it had never been uttered there. Contrasting this report with that in THE LANCET, there was no comparison between them. The report in THE LANCET, as far as regarded himself, could not be exceeded in impartiality. He felt bound to make these remarks, for if this system of reporting was permitted to go on in the publication in question, there would very shortly not be a practitioner found, who would come forward and relate a single case to the Society. In attempting to turn, in the case referred to, he had indeed used great exertions, so had Dr. Walshman. He had succeeded in those exertions, after Dr. Walshman's hand had become cramped, but no force was resorted to. He appealed to the Society to say,

whether a repetition of such reporting ought to be permitted.

The PRESIDENT was quite sure the Registrar would take such measures, as would prevent any thing like a similar report being made in future.

The REGISTRAR said, that as far as related to the minutes, he should take care that the corrections were attended to.

Mr. GILVILL'S JONES rose, but

The PRESIDENT expressed a hope that the observations upon this subject would not be prolonged. He thought it due to Dr. Whiting, who was then present, that after attending by invitation, for two successive nights, he should have an opportunity of expressing his sentiments upon the vitality, or non-vitality of the blood.

Mr. JONES considered himself entitled to be heard. It happened, that at the last Meeting he was the individual who took notes in the absence of the Registrar, of the proceedings of the Society, and not having been accustomed to that office, he might have mistaken what Mr. Wray had said, but, as far as having any feeling against Mr. Wray, which could have induced him to misrepresent his statement in any way, he flatly denied it, he was sure, there would be no hesitation in making any alteration in the Registrar's book. As far as re-regarded the publication Mr. Wray had complained of, with that he (Mr. J.) had nothing to do. The individual who was in the habit of reporting, for that publication, asked him for permission to make use of his notes, which he allowed, and he hoped the conductors of that publication would have honour enough to correct any mistake that might have been made in the report. The word *force*, however, of which Mr. Wray had so much complained, did not necessarily imply violence.

The PRESIDENT, on Mr. Jones sitting down, expressed his wish now to hear Dr. Whiting.

Dr. WILLIAMS rose to a point of order. It was customary to allow ample time for any Members to make remarks upon the minutes. He thought this should be courted rather than that new matter should be hurried on for discussion in place of it. The case related by Mr. Wray, was of great practical importance infinitely more so than the vitality or non vitality of the blood, and he considered therefore, that the subject ought to be concluded, before this new topic was introduced.

The PRESIDENT would be extremely happy to accede to it, at the same time, he thought there was a certain courtesy due to

\* The avowed reporter for the *Charity Excrescence*.

Dr. Whiting, considering the circumstances under which he had attended.

Dr. WALSHAM considered it due to Mr. Wray to state, that in his opinion, no man could have conducted himself with more deliberation, propriety, and judgment, than that gentleman had done in the late case. It certainly was a case, the like of which might hardly ever be expected to occur again. No man ought to doubt, that Mr. Wray had acquitted himself in the most judicious and professional manner.

Mr. BURNANT expected the discussion on the vitality of the blood would have had precedence, or he should have brought forward his case of spontaneous evolution, of which he now gave notice for the next evening.

Dr. GORDON SMITH observed, that if the discussion upon the vitality of the blood was not to proceed, he should claim precedence, in giving a narrative of his late campaign at the Old Bailey. (*Much laughter.*) The papers he held in his hand, if not read that night, would be printed before the Society met again.

After a few remarks from Mr. Briant, Dr. Stewart, and Dr. Whiting, (Dr. W. considering that he ought not to commence the discussion)

Mr. BRANFLET COOPER rose. He should not have done so, had he not considered it due to Dr. Whiting, that something should be said in opposition to his known views, to afford him a basis for what he might address to the Society. Consequently, what he (Mr. B. Cooper) should now say, would be principally hypothetical. Man knew nothing of life; yet how could Dr. Whiting suppose the blood to circulate through the vessels of the body merely like warm water, letting these vessels act upon it, and without allowing it in itself any vital power. The act of coagulation was a proof that blood possessed life. Action and life, as far as he could learn, were the same thing. In proportion to the strength and vital powers of a person, so had the blood the power of coagulation after it was drawn, and this alone could depend upon its vital principle. Again, how could coagulable lymph be organized in vessels, and shoot into every part, without the probability of the blood possessing vitality? There was no instance of a non-vital part connected with a vital part by growth and adhesion. Food taken into the stomach before it could be converted into blood, was sometimes ejected by the action of the stomach, after having been acted upon by the gastric juice so as to have gone into a state of coagulation. Suppose a person to be killed by lightning, and another to fall down dead from apoplexy; let a part of a muscle be taken from the one, and let the other be inserted in it; it will have the

power of contraction: irritate the nerve and a part of the muscle in the other, and it will be motionless. Take the blood from the one, it will have the power of coagulation; but in the other it will not. The coagulation of the blood proved its vitality in the one case, as the contraction of the muscles proved its vitality in the other. The internal and vital coat of the artery could not give action to the blood, unless it had vitality. With regard to poisons, how could dead matter thrown into the stomach, produce baneful effects upon the system, unless there was a vital action in the circulating medium?

Dr. GORDON SMITH made a few observations on the effect of poison taken into the stomach, but not with immediate reference to the present question.

Dr. WHITING regarded the coagulation of the blood as the strongest argument to be adduced in favour of its vitality; if this did not prove it, nothing else could. Now the coagulation of the blood did not take place in the vessels in the natural way; where, then, was the proof of vitality? Coagulation was not one of the offices that the blood sustained. If the blood were vital, it ought to show its vitality during life, and not wait till after death to do so. As to what was called the coagulation of the capillaries, he considered that no such thing existed; the fluid found there was not blood, but a mere secretion. The coagulation which took place after death, or after the blood was drawn from the body, was that of the fibrin: this was but a part of the blood, for the serum and red particles remained the same. The question then would be, Was the fibrin vital or not? Fibrin did not exist out of the body, except in a state of coagulation. It might be said, that blood contained fibrin which did not coagulate; where was the proof of it? The serum and fibrin united, formed a fluid quite distinct from the fluid of the serum and fibrin when separated. Supposing it were admitted that the blood possessed vitality, because the fibrin coagulated after death, or after the blood was drawn from the body, could the same thing be said of urine when it deposited a sediment? If the argument did not hold as to both, it must altogether fall to the ground. Then with respect to the nourishment of the blood as a proof of vitality, whence came the blood? Why, from food. Then if the blood was essentially vital, the food was essentially vital also. The change it underwent in the stomach was merely chemical, and could be imitated out of the body. As to the improbability of vessels shooting into that which did not possess vitality, he (Dr. Whiting) did not think he could be called upon to argue so absurd a position. In short, the vitality of the blood did not appear to

him to be supported by a single foot, nor could he see why any one might not, with equal justice, maintain the vitality of food itself.

Mr. BAILEY COOPER could not agree with Dr. Whiting. His answer to the argument, that the serum remained, after the fibrin had coagulated when blood was drawn, was, that nothing but the salts contained in the serum prevented it from proceeding to coagulate. Let the salts be separated from it by acid, and there would be found fibrin or the power of contraction still. He maintained, that food did acquire vitality in the change it underwent in the stomach.

Dr. SUGARMAN did not think a sufficient distinction had been drawn between the terms life and vitality. His views on the subject, for want of a clear definition, did not allow of his coinciding with the particular views of either speaker.

Dr. GORDON SMITH, and Dr. WALSHMAN, also made some observations on this subject. Dr. Walshman considering the above terms to be closely allied, and that the blood was a vital fluid.

Mr. WRAY considered the result of transfusion, as a strong proof of the vitality of the blood. No other fluid could be injected into the veins, which would restore animation, and prevent death, as blood had done.

Some other gentlemen addressed the Chair at a late hour, and the Meeting did not separate until half an hour after its usual period.

In the proceedings of the last evening, page 89, line 41, for bloodletting read opium.

## WESTMINSTER MEDICAL SOCIETY.

April 18, 1829.

Mr. ARNOTT in the Chair.

An accident prevents us from giving a detailed report of the proceedings of the Society this evening.

Dr. MILLIGAN related some cases of acute rheumatism, involving the question whether pericarditis, supervening upon acute rheumatism, is produced or prevented by copious bleeding, which occupied the attention of the Members. Dr. Stewart, Dr. Johnstone, Dr. Macleod, Mr. Hunt, and Mr. Burnett, were the principal speakers.

At the close of the discussion, Dr. Gregory read part of a paper communicated by Mr. Ward, a corresponding Member of the Society, containing the cases of two brothers, who, at the latter end of last month, to cure themselves of some complaint, (syphilis we think was stated) rubbed in upon the lower

part of the shins, each an ounce of corrosive sublimate mixed with hog's lard. We subjoin the particulars as nearly as possible. The first of the young men stated, that having rubbed in his portion, he felt immediately afterwards as if he were roaring alive; that, unable to remain in bed, into which he had got, he arose and proceeded to a hay-loft on the premises, where he expended a bucket of water in endeavouring to allay the torments he was suffering. The symptoms which ensued were excessive nausea, extreme pain in the stomach, great thirst, &c.; on the following day, he experienced violent constriction about the fauces. On the third he got worse, and pyralism ensued; this was followed by hæmorrhach and discharges of blood, the tongue became swelled and black, and on the 4th of April he died.

The other brother, who was aged 19, after performing the same process with the same sensations, went out, and laid himself with his belly downwards in a stream of water. When discovered, his pulse had risen to 130. It was thought advisable to pass a catheter into the bladder, but no urine was drawn away, and he gradually got worse. The symptoms in this case were much the same as in the other, but pyralism was not so excessive. The pain eventually ceased, mortification ensued, and about a fortnight after the death of the other brother, he died also. A post-mortem examination took place in this case, when a strong proof was given of the similarity between inflammation arising from internal and external applications. The stomach was highly inflamed, with spots of ulceration; the small intestines and the colon were also inflamed, with certain peculiarities; the liver was enlarged, the bladder contained no urine, serum was effused in the cavity of the abdomen, and a considerable number of worms were found in the stomach.

Some remarks were made on the subject by Dr. Gordon Smith, Dr. Epps, and Mr. Thomson. The Chairman stated at the close, that the next evening was the last of the session, and announced the approaching St. George's Hospital dinner, to which, he observed, it was always usual to invite the Members of this Society.

## HUMAN DISSECTIONS.

To the Editor of THE LANCET.

SIR,—The following observations were suggested, after reading the communication of your zealous and able Correspondent "Etruscus," in THE LANCET dated February 28.

I agree with him in its being somewhat

mysticism, how the "report of that statute which subjects, as an additional mark of infamy, the bodies of executed murderers to dissection," can tend to meliorate the necessities of the dissecting-room. It can only do so, by excluding more effectually from public eye, any information calculated to keep alive their prejudices to human dissection, (of which they are reminded by reading the sentences of those criminals,) and thereby rendering the midnight depredations of resurrectionists, as they are termed, more secure; for, as naturally as the uninitiated shudder at the idea of cutting piecemeal their fellow-creatures or relations; so carefully ought we to avoid awakening their fears. I cannot but deprecate (as attracting public odium) the unmeasured terms in which newspaper editors set forth to public scrutiny the conduct of the above class of malefactors, whenever opportunities occur to them of doing so. Such men ought rather to shield than to expose, knowing that the practice of dissection is a necessary evil. It would be well indeed, if the sanctuary of the dead could be preserved inviolate, and public apprehensions tranquillised, by the discovery of some less obnoxious source for the supply of materials, commensurate to the necessity for the advancement of physiological and pathological science. I certainly think, the least objectionable and most ample revenue will be found to accrue from "the appropriation of unclaimed bodies," which might readily be transmitted free from popular animadversion. I may here state, that I attended the surgical practice of a large pauper lunatic asylum at Wakefield, the unclaimed tythe of mortality of which would furnish a few of the naked tables in the metropolis.

That it is as absurd to suppose an assassin will be turned from his sanguinary purpose by any recollection of his post-mortem exhibition, as it is to imagine the detection of disease, independent of anatomical knowledge, is as obvious, as it is that the agents of exhumation are the most desperate and ruthless set of villains under heaven; of this, the late disclosures at Edinburgh are a convincing testimony; and who knows how many Burkites at this moment carry on their unnatural trade in London or Dublin. I am aware the temptation is greater in the former place; and who will not support me in the assertion, that the clandestine sale of bodies presents the most insatiable depositary for the victims of premeditated vengeance? Indeed I doubt not, Sir, but you remember the rumour which was sent abroad at the trial of the murderers of Weare, that, had they disposed of their sacrifice to a body-snatcher, it would have been impossible to have convicted them; and who

could have propagated such an idea? why, most probably, those who had before used that channel.

And now a few words to those candidates for more than Zenonian fame, whose violent philanthropic inspirations would persuade to bequeath their "mortal coil" for "anatomical sepulture;" let them not disregard the affections of those whom they cherished while living, who will weep over them dead, and whose chiefest solace then (after the contemplation of the transport of their immortal part to a blissful eternity) will be in the performance of those offices, which the purest sentiments of our nature have ordained, and which custom has sanctified in the restoration of the disinherited fabric, to the bosom of its parent earth; and it is acknowledged, notwithstanding the sarcasms of the stoic, or the Utopian speculations and unblushing effrontery of the sceptic, that, without such ritual exercises, the constitution of man would become brutally insensible, and morally unfit for social intercourse.

In conclusion, it would be advisable, when called to visit in sickness the man who had strenuously forbid the propriety of dissection under any circumstances, to address him thus. "Sir, your disease is of a grave cast, and I regret that, never having had an opportunity of dissecting the part in which it lies, I am quite unable to render you any assistance." His answer, I anticipate, (dictated by that uncompromising passion for self-preservation, which subjugates every minor consideration,) had he a brother or father lying dead in the house, would be to the effect, that the surgeon should lose no time in fleshing his scalpel in the corpse of his deceased relative, in order to obtain the requisite information; as regardless of his former scruples as the young widow, mentioned by Voltaire, who, upon the loss of her husband, grieved sorely, inasmuch, that she was like to die, until the announcement of an early candidate for the defunct gentleman's half-occupied bed, dissipated her woe; no sooner was the successor acknowledged, than he complained of severe pain in his side, and upon being interrogated by the fair widow as to its cause and cure, replied, that nothing but the application of a dead man's nose could relieve him; whereupon the lady instantly repaired into the adjoining room, and cutting off the nasal promontory of her yet unburied spouse, returned with it, to the astonishment and disgust of her new admirer. Now I hold there is great similarity between the unreal hesitation of the one, and the collusive tears of the other; each being actuated by the same principle of self-interest, the pair are as ugly portraits of human infirmity, as any one would wish to see. Thus we have the unsubstantial fine to anatomical parades,

*défait de la course*, ignobly surrendering to the enemy, whom hitherto (cased in the strong armour of sound health) he so tauntingly defied.

I am, Sir,  
Your very obedient servant,

H.

Tickhill, April 13th.

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#### LATE INQUEST AT GUY'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—Having observed in THE LANCET of last week, some observations headed "Curious Coroner's Inquest," in which my character is made the subject of satirical comment, and my being accused of having made observations which never escaped my lips; I hope you will, in accordance with your usual impartiality and justice, allow me, through the medium of the same extensively circulating pages, to refute so gross a misstatement, and thereby extricate my character from that unmerited censure. Had I not been conscious of never having intentionally provoked the anger of any one, I might have considered the observations of your reporter to have originated in some vindictive feeling, as the very style of the composition discloses a partiality for personal resentment, and in, I think, highly disgraceful to the columns of that publication, which professes to "naught extenuate, or ought set down in malice." In my first reply to the Coroner, I am made to say, "I have not had sufficient experience." This is false, experience there was not mentioned; I told the Coroner, that in consequence of the deceased not having been submitted to post mortem inspection, and having laboured for some time under serious visceral disease, I was incompetent to give a decided opinion, but imagined it probable that she died from those derangements. There is a wide difference between my assertion and the fabrication of your informant, who seems, in this instance, to possess more tact in perverting the truth, than regard for his veracity. Instead of saying to the Coroner, I had not a thought to give, I said I had, but was not disposed to give it; and certainly, from the inadequacy of my means of properly investigating the cause of the woman's death, I did not feel myself justified in urging an opinion. The Coroner inquired of me, if I had seen the deceased every day, I said that I had omitted seeing her one day, when, with a degree of moroseness, he told me, that I had been negligent, and ought to have seen her every day, and was incompetent to the duties I had to perform, to which my reply

was, that I did not consider him a judge of that matter; neither do I think that he or any other man, unconnected with the profession, is competent to form an opinion as to what may be strictly necessary in cases of disease. If the difficulties of treating disease be such as to puzzle the most intelligent and experienced medical men, does it not appear absurd that any one, whose pursuits have been so diametrically opposed to those of a medical man, should be acquainted with the necessities of the sick, or competent to decide with promptitude upon the correctness or incorrectness of a surgeon's practice. If any analogy can be proved to exist between the construction of a brief, and the forming of a cataplasma—or if collecting the faltering tones of an aspiring man into the form of a will, be like setting a simple fracture of the leg, then the pretensions of non-medical coroners may be justified. I might, perhaps, have told the Coroner, I did not consider him a judge of a medical man's talent, but I did not say, I knew more of the business than he did, or in any other manner evince a desire to place my knowledge in competition with his. It is true that the Coroner told me I was a very raw and ignorant youth; whether this imputation be correct or not, must be left to the decision of those who have known me, and those who will know me. Amid the many invectives with which the Coroner loaded me, I am not conscious of having deserved any one; I consider once omitting to see the patient, could not be deemed neglect, and I hope that, not presuming to give a decided opinion in a most dubious case, is not deserving the designation of ignorance. Had I spoken decisively from such unsubstantial data, I should have felt conscious of rashness and folly; as I had always considered it indicative of a narrow mind, to draw hasty conclusions from imperfect evidence. Though the learned juror did not value my opinion at the worth of a "button," I estimated his at the price of a glass of gin; and instead of thinking him a stigma and disgrace to his trade, I consider his qualifications so ample, and talents so admirably adapted to his situation, that Bacchus must certainly have been stung with jealousy, to see his son neglecting for a while the inebriating cups, and pompously assuming the dignity of a professional critic.

I am, Sir,

Your obliged and humble servant,

MICHAEL MINTER.

Guy's Hospital, April 19, 1819.

C

We can assure Mr. Minter, that our report of the "Curious Coroner's Inquest" was not inserted until the most official

steps had been taken to ascertain the accuracy. Our reporter, when applied to, alleged that his account was strictly correct, and although he has seen the above communication, he still adheres to the same statement. Non-medical coroners are generally non-medical asses, and if Mr. Minter possesses the slightest knowledge of his profession, it is not in their power to injure him. We should, however, have thought better of Mr. Minter's letter, if he had fully explained the nature of the accident, the treatment which was adopted, and the reason why no *post-mortem* examination was instituted.—En. L.

#### FORENSIC MEDICINE

*Additional particulars relating to the case of Butler.*

By Dr. GORDON SMITH.

THE narrative contained in the last Number of THE LANCET, ought, perhaps, to have included the following particulars; but my object in drawing it up was conciseness. Its insertion, and the interest which it has excited, call for further disclosures. I never saw the worthy Sheriff till I waited upon him, at the time already mentioned. I believe the soldier to be a bad character, and that the conviction which afterwards took place as to the robbery, was merited by his general conduct; in consequence, however, of the verdict, I can offer no private opinion as to the larceny part of the business; but it obviously arose out of intoxication, a circumstance which, in the eye of the law, is no excuse for criminal acts, whatever it may be, in morals, as to intention.

On the morning of the trial, I sought another interview with the Sheriff, to whom, in presence of the Rev. Ordinary, I stated, that it was impossible to foresee what the result of this deeply important investigation might be; but that no verdict of a jury would alter my view of the professional merits of the case; so that, in the event of conviction, I should proceed to draw up an application to the proper quarter, which I was confident a vast majority of my professional brethren would sign. The Sheriff pledged himself to be the medium of communication with government, should such a measure be found necessary; upon which Mr. Cotton expressed a hope, that the medical witnesses would take care what they

said, for a man charged with rape had been convicted, because two practitioners gave evidence, that they found LACERATION in the female. When it was too late, they declared that they meant to have said ULCERATION—a word that would have saved the convict! My reply was nearly as follows: "We have got all the medical jurists in London here, who are not persons likely to speak unadvisedly; but as I shall take my seat by the prisoner's counsel, and watch every word that may be given in evidence, you may depend upon it the medical men shall say what they mean."

The lecturer on medical jurisprudence alluded to in "the case" published last week, is Dr. Willmot. I am the more anxious that this should be known, as I never saw that gentleman till we met on this business, and as the publication of the fact may serve to show that there is a right feeling on either side. Let me conclude by adding, that Dr. James Johnson's conduct on this agitating occasion, ought to ensure him the most honourable mention, even in THE LANCET.

April 18th, 1829.

#### NON-MEDICAL CORONERS!!

COPY, LITERATIM ET VERBATIM, OF THE  
"POST-MORTEM EXAMINATION of the Body  
of MARY EWEN, on the 31st of March  
1829.

##### "BRAIN.

"On raising the Calvarium (or Bones of the Head)—and tracing the Sinuses (which are large veins) I found an artery with Blood—in which the superficial vessels ramifying over the Intergyrar spaces—participated. A little increase of discolour'd serum in the Left ventricle—the other ventricles were perfectly natural.—Which appearances, together with there being no Lesion of the Brain—or coagulation of blood on any part of its surface—enable me to form the opinion;—The patient's death was not occasion'd by injury, accident, or any local inflammation of the Brain, or its Meninges (Coats or Coverings)

##### "THE BREAST

"On examining the Mamma (Breast)—which was of considerable size—considering the Patient was rather emaciated—and only between Four and Five Months since impregnation took place—I found the Mammary gland considerably enlarg'd, together with the Lactiferous tubes considerably dilated—and fill'd with dis-colour'd secretion—together with the superficial and deep-seated

veins being highly turgid :—indicating strong doses, of powerful medicines had been administered.

#### " RESPIRATORY ORGANS.

"On examining the Larynx; Trachea, and Bronchia—I found somewhat more mucous secretion than is usually met with. The Pericardium rather thinner than usual—containing about the ordinary quantity of secretion;—the Heart healthful.—The Lungs healthful.—No adhesions of the Pleura—nor much increased secretion in either cavity of the Thorax. Such appearances were not sufficient to account for the cause of the patient's Death.

#### " THE ABDOMEN.

"On dividing the Abdominal Muscles—a considerable quantity of Serum escap'd from the Peritoneum—every part of which, was vascular—and much inflam'd.—The stomach and Intestines considerably distended—the former as also the Duodenum—were fill'd with grumous vegetable matter—smelling strongly of Savine, and Rue : both, containing numerous specks, or streaks of coagulated Blood—with a high degree of vascularity of the Intestines generally,—particularly the small.—

"The Liver, Spleen, and Pancreas, were all healthful, as regards any chronic Disease—yet somewhat turgid—from their necessary sympathy with the Peritoneum and Intestines. The gall-bladder about three parts fill'd with Bile of a florid Colour. The Kidneys—and Ureters of each side were extremely healthful. The Bladder also healthful—its coats equally strong—and firm—as usually found—about One Third its quantity of Urine contain'd in it—of a Strong, nauseous, Vegetable Odour—similar to that of the Intestines—and rather high Colour'd : the exit or urinary passage from which—I examined most particularly and could not discover any Catheter—or Instrument to draw off the Water—had been pass'd, or previously introduced.

#### " THE UTERUS AND ITS APPENDAGES.

"On examining the parts of Generation—the Cervix, Vagina, and Perineum—and considerably enlarged—particularly on each side of the Corpora Myrtiformes (Two lateral projections about half way up the Vagina) The Os Tincæ, or Mouth of the Womb very much swollen—together with the neck; projecting considerably lower into the Vagina than is usual at such a period of Pregnancy.—Towards the lower and back part, were Two distinct dents, or Impressions—as if made by a blunt instrument in the first

instance—while on the right side of the Os Tincæ—were Five distinct punctures made by a sharp instrument—extending into the neck, or substance of the Womb itself—On pressing which matter ooz'd out—to the quantity of Two or Three Teaspoon'sful.—The surface around those punctures, as also around the whole of the mouth of the Womb was mark'd with inflammation of an unhealthy character. The whole of the womb considerably thicken'd its internal surface highly inflam'd—and streak'd with several coagula of Blood.—The Liquor Amnii viscid—and ting'd with Blood; the Fœtus was a male—and in every respect natural.

"I am of opinion the Deceased's Death—was caused by administering Savine, Rue, and Hyoscyamus;—Which tended to excite, or increase the Inflammation of the Womb—brought on, by the frequent attempts to perform an Operation locally.—The effects of which, combin'd with the medicines administer'd—were to procure Abortion. Which inflammation caus'd by such means—became communicated—as of necessity must be from their immediate connection;—to the Peritoneum, and Intestines—thereby causing the patients Death.

(Signed) "LAURENCE HEALEY, Surgeon,  
" Saint James's Street.  
" JNO. H. GELL, Coroner."

An account of this Inquest appears in *The Times* of April 1. It says that the statement of Mr. Healey "proved, that a most dreadful operation had been performed on the deceased,"

In *The Times* of April 2, is the following:—

"Inquest on Mary Ewen.—To the Editor of *The Times*.—Sir,—After returning our verdict, the Coroner ordered Mr. Healey to be sent for, by desire of the jury. When he arrived, the Coroner stood up and said, 'Mr. Laurence Healey, I am desired by the jury to return you a vote of thanks for the very clear and enlightened manner you have given your evidence, which alone has enabled them to a satisfactory conclusion; in which I beg leave to say, I most cordially coincide.' When Mr. Healey bowed respectfully, and took his leave. N.B. It is to be hoped this will be an incentive to all medical men, to follow the same example.

"Yours most respectfully,

"THOMAS OF THE JUDGES."

Coroner, Surgeon, and Jurors; a most exquisite set, truly!

## ST. BARTHOLOMEW'S HOSPITAL.

SPASMODIC CONTRACTION OF THE LIMBS  
AND EXTREMITIES.

**WILLIAM BAKER**, *et.* 17, was admitted into Colston's Ward at eleven o'clock P.M., March 24, under the care of Mr. Vincent, with spasmodic contraction of the muscles of the superior and inferior extremities. About five weeks ago, he was occasionally seized, for about an hour and a half at a time, with spasmodic contraction of the muscles, principally about the hands and toes, but it went off without any medical treatment. About five o'clock, on the evening of admission, he was again seized with a more violent attack than any that had preceded. The arm and leg were drawn up in a manner that gave him more the appearance of a trussed fowl than any thing else. One or two fingers were contracted, a few others extended; so also were the toes. Was quite unable to stand or move. Was not sensible of any material pain. The wrists and toe-joints a little swollen, and had a burning sensation. Was not aware of having caught a violent cold, or of any cause likely to have produced this state of the muscles. Nothing done for him to-night, but ordered to be kept quiet.

25. Ordered forty drops of laudanum, and afterwards hydr. sub., 4 grs.; jalap, 15 grs. Much the same.

26. To be cupped from the neck and loins to twelve ounces, and to rub a drachm of the unguent hydrarg. on the limbs night and morning.

27. Feels much better to-day. The toes seem quite recovered. Can move the arms with a degree of facility, except at the wrist-joints, the hands being drawn in towards the internal surface of the forearm. The wrist-joints are swollen, and preternaturally hot. Describes the heat to be more violent at one time than another. When the temperature is at the highest, the painful sensation is most severe. Can stretch out the legs with ease. Ordered

*Colchicum Wine*, a drachm every six hours.

28. Continues recovering, though the swelling, stiffness, heat, and contraction, still continue about the wrist-joints.

April 7. Has continued gradually to improve, though he still feels a slight stiffness and inconvenience, particularly in some of the finger-joints. Left the hospital this day.

## DISEASE OF THE TOES AND NAILS.

**Thomas Crouch**, *et.* 27, was admitted, March 27, into Henry the Eighth's Ward, under the care of Mr. Lawrence, with inflammation of the toes, ulceration of the beds of the nails, and on the outside of the right foot a very fetid discharge. The patient was a coachman to a gentleman in the Kent Road; has light hair and a fair countenance. About three months ago, felt shooting pains throughout the foot, as high as the ankle; soon afterwards they both presented a scarlet appearance, and the beds of the nails became ulcerated. Seven weeks ago, the nails were removed by a medical gentleman, and the parts of the new nails which appear at present, are more a source of irritation than any thing else; they have also a black unhealthy appearance. The great toe, and two toes next to it, of the left foot and the great and little toes of the right foot, are much swollen, of a dark purple colour, approaching in appearance to that of mortified parts. A considerable quantity of fetid sanious matter exudes from the points of the nails, from between the toes, and from the outer side of the right foot, which has gone into a state of ulceration. Apply a bread and water poultice, and take a senna draught.

29. Apply pulv. hyd. nit. oxyd. to the ulcerated and inflamed parts of the toes, and afterwards the poultice.

April 1. There is already a decided improvement in the condition of the limbs. Continue.

15. All inflammation and irritation have disappeared; still, however, the parts of the new nails remain, which must evidently come away before the cure is complete. A slight discharge continues from the diminished ulcerated opening on the side of the foot. Made an out-patient.

LACERATION, AND AMPUTATION OF THE  
ARM.

**Thomas Blackberry**, *et.* 13, was admitted on the 16th, into the hospital under the care of Mr. Lawrence. A short time previously, while engaged in working at a carding machine called a *devil*, the left hand was caught by some of the teeth, and drawn into the machine, lacerating and shattering it in such a manner, as to render immediate amputation indispensable. The boy was carried into the operating theatre, and Mr. Lawrence performed the circular operation, at nearly the middle of the forearm.

DISEASED KNEE — AMPUTATION OF THE  
LEG.

**James Bow**, *et.* 6, was admitted into the Hospital, as long ago as August, 1828,

under the care of Mr. Earle, with disease of the left knee. Since his first admission, he left the Hospital, but in a very short time was brought back, under Mr. Earle's care. The knee-joint continued in an enlarged state, and has for a long time discharged a considerable quantity of pus, through an opening a line below the patella. On Saturday, Mr. Earle removed the limb, at the lower third of the thigh by the circular cut. Mr. Lloyd compressed the femoral artery with his thumb. After the patient was removed to bed, the operator, for the instruction of the spectators, had the joint laid open, when it was ascertained, that partial dislocation had existed. Extensive ulceration of various parts. The cartilage of the under part of the patella, completely destroyed by that process. A section of the condyles, showed the bone to be extremely vascular, and so soft, as to yield to the pressure of the thumb nail. These morbid appearances, satisfied the operator that nothing short of amputation, could have been expected to save life. Unfortunately, a part of the ulcerative process extended beyond the parts removed, but this Mr. Earle confidently hoped would not obstruct the cure, as he recollected instances in which ulcerated sacs of the soft parts had been cut through in similar operations, where the most satisfactory recoveries had taken place.

## ST. THOMAS'S HOSPITAL.

### ANOMALOUS CASE.

#### *Amenorrhœa—hysteria—erysipelas.*

ELIZABETH WATKIN, ætatis 21, admitted on the 19th of February, under the care of Dr. Elliotson. Says she has been ill eleven months, ever since her confinement for her first and only child; complains of great weakness in the loins; her legs always feel cold, benumbed, and drag and give way under her. Has frequently a creeping sensation, which begins in the left cheek, runs up to the eye, and down the face, through the left arm to the fingers. This resembles scalding in the face, and is seemingly attended by great heat of the part, but in the neck and arms by a sensation of numbness and cold. Extreme vertigo; great pain and sense of weight about the lower part of the forehead and the vertex; feels drowsy, and has frequently double vision in the course of the day, objects appearing one over the other; this occurs especially after exertion. She generally feels pretty well when she first gets up of a morning, but giddiness, &c., is immediately produced by exercise; has occasional fits of hysteria; her memory

much impaired; the pupils are dilated eyelids droop, can roll the eyes upwards and to either side. Has never menstruated since her first attack; pulse 100, soft, and rather full; tongue slightly coated; bowels obstinate, and cannot retain her urine when desire begins. Says she has been bled twice without finding any relief from it.

Ordered, the head to be shaved; to be cupped in the nape of the neck to  $\mathfrak{viii}$ , and in the loins to  $\mathfrak{viii}$ ; a powder of jalap, with calomel, half a drachm daily; milk diet.

20. Bowels moved once; face flushed; head but little relieved; pulse 76.

21. Complaints of excessive pain in the epigastric region, and of sickness after swallowing any thing; feet give way under her if she attempts to stand; face flushed; pulse soft; bowels have been freely evacuated.

Ten leeches to be applied to the epigastrium and ten to the temples.

22. Occasional slight rigours, and feels always feverish towards the afternoon; pain in epigastric region not relieved. Has been attempting to read, but is unable to distinguish the words. Bowels not opened since yesterday.

23. Sat up for a few minutes this morning, since which has had severe headach; eyelids swollen and drooping; face flushed; tongue rather white; bowels moved once.

24. Pulse 90, full; sight still confused; some pain at the back part of the head; but feels better on the whole.

Continue the powder and the house medicine, if required.

25. Severe headach; pulse full; bowels open.

27. Complaints of pain in the region of the heart; pulse 104; bowels open; venesection to fourteen ounces.

28. Blood firmly buffed; less headach and pain in side; pulse 93, soft.

March 2. Bowels much relaxed, and griped, but says she is better; tongue moist.

3. Bowels less purged; wishes for change of diet; beef tea.

5. Sight improved; slight pain in the side.

6. Hysterical, with headach, and pain in the side after getting up this morning; bowels relaxed. Twenty leeches to the side.

7. Pain somewhat mitigated; pulse 76, soft, rather full. The leeches to be repeated.

9. No headach or pain in side; sight much improved, but cannot read long together. Bowels open; experiences pain on passing her water.

10. Pain on pressure of the abdomen; tongue white; pulse 108. Apply 20 leeches to the painful part, and to be repeated on the 12th.

11. Not so much tenderness of abdomen. Micturition still painful.

13. Headach; spasms about lower part of the abdomen. Continue the powder daily.

14. Pulse sharp and frequent; headach and vertigo. Let 12 leeches be applied to the temples, and 18 to lower part of abdomen, and repeat them on the 16th.

16. Face flushed; bowels open; pain at the epigastric region.

18. No material alteration.

20. An erysipelatous blush has appeared during the night on the right cheek; headach and pain in the stomach, with vomiting; pulse 124; tongue brown. Ordered to be bled to twelve ounces. A cold application to be constantly applied to the face. Twenty leeches to the epigastric region, and afterwards a blister, and a blister to the occiput.

21. Pain not relieved; bowels open; vomiting; tongue coated; the mucous rattle distinctly heard all over the right lung, and the patient makes a wheezing noise on inspiration; pulse frequent, but not full; ten leeches to the epigastrium, and ten to the temples.

22. Breathing short, but less difficult. The erysipelas has extended to the left cheek; tenderness of the whole abdomen; tongue coated; pulse quick and small. Fifteen leeches to the abdomen, and ten to the chest; castor oil, half an ounce, immediately, and a common enema, as occasion may require.

23. Says she is free from pain, but shrinks on pressure of the abdomen: bowels open; pulse 128, small; redness not so intense, but has extended to the forehead. Appears very low, and unwilling to talk; lying with her eyes closed: sixteen leeches to the temples.

24. Pulse 132; tongue coated; bowels open; redness less, but spread to the chin. Has a slight cough, causing pain at stomach; apply twelve leeches.

26. The redness of the face continues to decrease, and has not spread any farther; still has pain on coughing, or breathing deeply; pulse 116; a blister to the chest.

*Quin.*, five grains, every six hours.

27. The cuticle on the face is coming off in scales; complains of noise in the ears and deafness, with some difficulty of breathing; bowels open.

*Hydrocyanic acid*, one minim every six hours.

*Sage and spring.*

28. Bowels not open since yesterday;

tongue brown in the middle, but clean at the edges; seems rather better.

31. Much better; pulse 120; bowels regular; continue the sulphate of quinine; discontinue the hydrocyanic acid.

April 6. Continues to improve.

13. Has been going on well, is free from pain; sight good, and is gaining strength.

## HOPITAL NECKER.

ENCYSTED TUMOUR IN THE ANTERIOR MEDIASTINUM, COMMUNICATING WITH THE CAVITY OF THE PERICARDIUM.

CHARLES MABRAND, *met.* 39, of a strong constitution, was, on the 16th of February, admitted under the care of M. Honoré. He stated that, during the last three years, he had been subject to transient pain in the right side, which had lately increased in intensity, and been accompanied by dry cough, difficulty of breathing, and general debility, so that he was obliged to give up his work. On his admission into the hospital, he complained of constant oppressive pain in the right lower part of the chest, troublesome dry cough, quick laborious respiration, and inability lying on the left side; the chest was evidently enlarged on the right side, where the respiratory sound was only heard at the upper part; the greater portion of the right lung was impervious to air, as was also shown by the dull sound on percussion below the fourth rib of the right side. The heart was pushed towards the left side, as appeared from its impulse being strongest at a distance of three inches from the left margin of the sternum; its pulsation was faint, but distinctly heard over the sternum and the right side of the chest, especially at its lower part. Although the patient complained of extreme debility, he was not visibly emaciated; digestion was undisturbed, and there was only a slight febrile excitement in the evening. He was ordered mercurial frictions and blisters over the right side, but which, as well as eight aperients, afforded no relief; and, at the end of March, the pain in the chest had evidently increased, respiration had become more difficult, and the fever had assumed a decided hectic character. In the night of the 30th of March, he suddenly started up in his sleep; respiration was very hurried and laborious, he seemed to be in an extreme agitation, and complained of excessive pain over the lower part of the chest; the pulsations of the heart, although very weak and irregular, were perceptible over a large surface, and a clear sound was heard in the

region of the heart, which was renewed on every inspiration, and resembled that of tearing dry paper; the patient's countenance was remarkably altered, the pulse small, extremities cold, &c., and he died the next morning.

#### *Report Cadaveris.*

On dividing the left intercostal cartilages, a great quantity of clear fluid escaped from the chest; and, on closer inspection, it was found that the scalpel had penetrated the pericardium, which, although considerably distended by the fluid, was found perfectly healthy; the anterior mediastinum, the greater portion of the right, and part of the left side of the chest, were occupied by a large encysted hydatid tumour, of the size of a child's head, which had forcibly compressed the right lung, and pushed the heart towards the left side. Its parietes were not above a line in thickness, whitish and soft, and without any appearance of fibrous structure; the external surface was smooth, and very loosely adherent to the surrounding cellular tissue; the internal was uneven from laminae of cellular substance; the sac was not, however, divided into several cells, but exhibited one large cavity; its fluid was inodorous, of a yellow colour, and perfectly corresponding with that of the pericardium, which, in fact, communicated by means of an apparently recent aperture with the cavity of the encysted tumour. The right lung, although extremely compressed, was of healthy structure, and permeable to air; the left lung and the heart were not diseased.—*Journ. Hebdomad.*

#### HOTEL DIEU.

##### CARCINOMATOUS TUMOUR IN THE BLADDER.

An elderly woman, who was affected with purpura uteri and dysuria, died with the symptoms of violent cystitis. On examination of the body, the cavity of the bladder was found almost entirely filled by an oval tumour of the size of a turkey's egg, and of carcinomatous appearance, which adhered by means of a thin pedicle to the posterior parietes of the bladder, the internal surface of which was greatly inflamed. M. Dupuytren observed, that if the presence of the tumour had been ascertained during life, he would not have hesitated to make an attempt to remove it by cystotomy.—*Lancette Française.*

#### BREACH OF FAITH WITH HOSPITAL AP- PRENTICE.

To the Editor of THE LANCET.

SIR,—What is your opinion of the apothecary who, before the indentures were signed, promised that his apprentices should have an opportunity of attending the Physicians' hospital practice, lectures, &c. &c., and who, after the indentures are signed, refuses them that privilege?

I am, your obedient servant,  
AN APOTHECARY'S APPRENTICE.  
St. Thomas's Hospital,  
April 15, 1839.

#### TO THE READERS OF THE LANCET.

Many complaints having reached us relative to the irregular delivery of this work, we can only say, that if orders be transmitted to our office they shall be immediately placed in the hands of *Newsmen* for whose dispatch and punctuality we pledge ourselves. THE LANCET may be in the possession of every Practitioner, within the Two-penny Post District, by eight o'clock ON SATURDAY MORNING.

#### TO CORRESPONDENTS.

Communications received from, Verax—Mr. Thomas Warner—A Juvenile Subscriber—A Native of Kent—J. B.—Mr. James Craig—Mr. S. G. Evans—Medicus—Zeta—A Constant Reader—Mr. Melton—Dr. Harrison.

G.H.E. must send us his name. We never publish unauthenticated cases.

Other Correspondents next week.

Dr. James Clark has in the press, an Essay on the Influence of Climate, on Diseases of the Chest, Digestive Organs, &c., including Directions to Invalids going Abroad, respecting the best seasons and modes of Travelling, and the General Management of their Health; and remarks on the Effects of the Principal Mineral Waters of the Continent in Chronic Diseases.

#### ERRATA.

Page 2, line 40, for "pass" read "press."  
Page 3, after the words "full-sized valvular" insert, "opening. In the healthy heart, the diameter of the valvular" then read on "communication, &c."

Page 33, line 14, for "flow" read "move."

# THE LANCET

Vol. II.]

LONDON, SATURDAY, MAY 2.

[1858-9.

## LECTURES

ON THE

DISEASES OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

### LECTURE XXIV.

*Of the Malignant Disorganisations of the Uterus.—Morbid Anatomy.*

THE genital apparatus in women is liable to various disorganisations of malignant nature, which, agreeing with each other in many important points of treatment, may be conveniently classed together in one general view. Under these fatal disorganisations it happens, occasionally, that both the womb and the vagina, throughout their whole extent, become involved in the disease; more frequently, however, the superior parts of the vagina only, to the extent of one-half, or one-third, are affected in common with the womb; and, in some cases, the disease appears to be confined almost entirely to the uterus, or the verge of vagina, immediately contiguous, the parts below preserving their original healthy structure. In malignant disorganisation, the parts adjacent to the scirrhus womb and vagina are, I fear, too often affected with scirrhus also; the rectum and the bladder are more especially liable to become affected in consequence of the spread of the morbid changes by continuity; in general, however, I presume that these parts are not affected from the first, and we have reason to hope, till anatomy has proved the contrary, that the womb and bladder will not become affected till the disease has reached its middle or latter stages.

In indolent scirrhus, formerly considered, the womb enlarges greatly in its size, but these great enlargements are not observed in the malignant disorganisations which we are now considering; and this assertion

holds so true as a general principle, that I look on a large uterus as one of the best securities against a malignant ulceration. In general, however, the vagina thickens exceedingly under this disease, becoming as hard as cartilage, and the womb acquires a bulk nearly double its healthy dimensions, as the preparations before you show. Whether this enlarged and altered structure is or not really of the nature of a genuine scirrhus, like that of the mammae, I am not prepared to decide; perhaps it is not. I never yet examined a uterus, in which the marks of true scirrhus change were of that evident kind which we may observe in cases of indolent and bulky scirrhus; but, certainly, in these malignant ulcerations the remains of the uterus are found to be harder than is consistent with health, and the induration being unequal throughout its substance, there is a tendency to the formation of small topical masses, which remind one of scirrhus tubercle. These topical indurations, however, present an aspect very different from that of the indolent tubercle scirrhus formerly described and demonstrated, for they are more vascular, not so hard, and evidently not so well and so sharply defined. I may add, moreover, that under these malignant disorganisations, vaginal and uterine, the ovaries and tubes are occasionally attacked with indisputable scirrhus, diffused or tubercular; and further, that in one instance, at least, of this disease, I had occasion to see several well-charactered tubercular masses imbedded in the substance of the liver—facts which certainly give additional strength to the opinion, that the malignant disorganisation of the uterus may at bottom be nothing more than scirrhus.

When induration and thickening occur, there is often no obvious ulceration at the first, but the parts, when examined by the touch, feel hard, and of irregular surface, and in the midst of this scirrhus and disorganised mass, we frequently find a cavity of various size, sometimes large enough to admit a pullet's egg, and sometimes not admitting the extremities of two fingers without difficulty; and about this time the parts become encased with a sort of ulcerative action, under which the membranous lining

of the parts breaks, and a surface is formed which bleeds under the touch, becomes ragged, and spreads over a various extent of surface; sometimes as broad as the palm of a child's hand, or broader. It is not always, however, that a clear exaration exists in the midst of the scirrhous, for there grows sometimes from the diseased surface a loose fungous excrescence, very laevable, of course, frequently giving rise to bleedings, to be touched with great caution therefore, and which excrescences, whether single or formed into separate and detached masses, may fill the cavity, or push forth beyond. The ulcerative action which attends the scirrhous is usually of slow progress; it spreads gradually and over the surface, and slowly penetrates into the substance of the parts beneath, laying open, as it proceeds, the bladder, rectum, and peritoneum, and consuming, perhaps, one or two-thirds of the substance of the uterus.

Again, instead of the destructive and wasting ulceration which we have here described, in those cases of malignant disorganisation, we occasionally meet with efflorescent excrescences, small or large, seated, sometimes, on a thickened and indurated base, and sometimes on a healthy structure, occasionally tending to the peduncular attachment, and more frequently having a broad basis, sometimes covering a portion of the genital surface, not broader than a shilling, and, in other cases, a space equal to the disk of a crown piece. Let me add, too, that with the contiguous cervix, the whole of the uteri sometimes enlarges greatly, and at the same time undergoes the scirrhous change and the ulcerative action; the whole or the greater part of the vagina remaining sound, so that, on examination, the entire diseased mass bears a strong resemblance to an ovary formed upon a very large scale.

In malignant uterine ulceration, the ovaries and fallopian tubes may be affected with well-marked scirrhous, whether diffused or tubercular, but I never saw them of great size; the inguinal glands are enlarged sometimes, but not in general; the glands in the neck of the pelvis may become as large as a nutmeg, or larger, and there may be enlargement, and a sort of cheesy matter in the lumbar glands; but, in the earlier and middle stages of the disease, the glandular system is not affected in that degree which we might have expected. In one case of fatal carcinoma, I found several hard, white, flat tubercles on the peritoneum externally, where it covers the parts contiguous to Poupart's ligament; and in another, tubercles were found in the liver and the lungs. I never yet met, in the same individual, with cancer of the uterus and of the mamma combined.

On the whole, though these malignant

changes cannot be considered as a merely local disease, yet there is not, I think, that marked diffusion of malignant changes over other parts, which would justify us in asserting, without further proof, that the extirpation of the mass must always be performed without permanent benefit. If cancer of the lip may be removed with success, I should incline to hope, that the same success might attend the extirpation of the malignant scirrhous of the uterus; but of this hereafter. The malignant ulceration of the uterus, it seems, almost invariably begins in the mouth and cervix. Are the glandula nabothi the cause of this? Are not the mucous glands in the lip a principal cause why the malignant change attacks this part? Is not the malignant disorganisation sometimes observed at the anus, the pylorus, and the valve of the ilium, to be ascribed to the mucous glands there? and are not the glandula nabothi, that is, the large and numerous mucous glands in the neck and mouth of the womb, the cause why, in its commencement, the disease usually gives a preference to this part? This, if true, would lead us to hope the more from the operation of Osiander, Dopuytren, and Lisfranc.

Although, perhaps, in most cases essentially the same, the malignant changes which the genitals may undergo, in the diseases which I have here been describing, are exceedingly various in their circumstance, so much so, indeed, that it may be doubted whether any two cases may present to the morbid anatomist exactly the same aspect. In a view to practice, however, (the great object of these lectures,) these malignant disorganisations may be divided into different varieties, grounded on the extent of the morbid action, or the character of the change which the parts may have undergone. Resting the distinction upon the character of the morbid organisation, I would, in practice, distinguish four varieties of the disease; that in which the womb, enlarged but little, is affected with malignant induration merely; that, again, in which the disease, being advanced somewhat, the malignant induration, of varying firmness, is become affected with a sort of ulcerative action; that variety, thirdly, in which the hollow formed in the indurated mass is filled more or less completely with a loose, vascular, fungous growth of hamatoid character; and that variety, lastly, in which an efflorescent excrescence (the cauliflower) is seated upon an indurated basis; and these four varieties may be distinguished, respectively, by the names of the scirrhous, the ulcerated, the fungous, and the efflorescent, or cauliflower form, of the disease.

It is useful, too, to distinguish the other-

ent varieties of this affection, according to the extent of the disorganisation. In many cases, the whole system exhibits the marks of malignant decay, being sallow, wasted, and emaciated; and the inguinal glands are enlarged, and we have reason to fear a disorganisation of the lumbar glands, or a disorganisation of the liver, or of other viscera. In other cases, again, the general system is not affected in the same alarming degree; but diseased changes of structure may have spread wide among the viscera of the pelvis, the entire womb, and the greater part of the vagina, being affected with the malignant induration, in which the front of the rectum, and the posterior parts of the bladder are involved; in addition to which, the glands are enlarged as before, and there is, perhaps, an indolent scirrhus of the ovaries and the tubes; but a large indolent scirrhus of the tubes and ovaries is by no means a common precursor of the malignant induration of the womb and vagina; enlargement of the glands is more frequent; and we too often meet with indurations of the bladder and the gut. Again, of these cases there is yet a third variety met with, in the earlier stages especially, and in which the whole of the morbid change of structure seems to be confined to the womb, and to a small contiguous portion of the vagina; inasmuch, that there is good reason for hoping that the whole may be removed by the scalpel, no very extensive chasm remaining in the pelvis, after the diseased parts have been taken away. In these cases, it is not probable that the other parts connected with the womb and vagina, by contiguity or otherwise, are entirely free from disease; but I feel inclined to persuade myself, that the diseased change is sometimes so inconsiderable, that when the malignant mass is removed, the parts may recover themselves; or, at all events, that the diseased changes may lie dormant for a long term of years afterwards, or perhaps for the rest of life, and this more especially in cases of effluence excrements.

Under the more malignant changes of the genital structure, the mobility of the diseased parts may vary considerably; the womb and vagina being sometimes so deeply imbedded in the cavity of the pelvis, that they cannot be stirred by the pressure of the fingers; while, in others, and indeed the greater number of cases, the uterus is found to be moveable enough, so as to afford hope of a ready extirpation. This fixing or mobility of the parts seems to depend upon two causes of joint or separate operation—I mean the breadth of the scirrhous changes at that part where the viscera are more immediately resting upon the pelvis, and the extent of the adhesion which these parts may have contracted with contiguous

organs. Indeed, in consequence of the enlargement and disorganisation of the adjacent parts from scirrhus, the bladder, rectum, and ovaries, more especially, and the consolidation of these with the womb and vagina, the whole may be formed into one large mass, consisting of the various parts incorporated, and fixed, by means of its broad basis, immovably in the pelvis. Such cases may be easily ascertained during life by a competent operator; they are slowly, in a high degree, unfavourable for extirpation—or, rather, in the present state of knowledge at least, the operation in such cases seems to be wholly unjustifiable.

#### *Character of the Malignant Ulcer of the Womb.*

Women who labour under malignant ulcer of the uterus are generally sallow and wasted, and have a withered appearance of the skin, consisting in a number of minute wrinkles, to be observed especially on the upper and inferior limbs; the emaciation sometimes manifesting itself less conspicuously in the face, while in the arms, legs, and nates, it may, in general, be observed easily enough. Although, however, this cachectic shrinking is one of the best marks of visceral diseases, it must not be forgotten that, in the earlier stage of malignant ulcer, it is not always conspicuous; and the face, in particular, may retain a certain degree of fulness, notwithstanding the ravages of this formidable disease. I remember once observing to a lady, who complained of central uneasiness, that she certainly need not be apprehensive of cancer, her looks were so imposing; yet, on investigation, it was found that the disease was advanced beyond hope.

In malignant ulcer of the genitalia, there is not always a fetid discharge, at least, throughout the whole course of the ulceration, but this fetor is generally observed; and if, finding that the patient is affected with a cachectic wasting, we learn, at the same time, that there is a fetid discharge from the genitalia, brownish, greenish, and of serous or watery consistency; there is always too much reason to fear that this ulceration is begun; for the well-known carcinomatous fetor rarely exists without malignant ulcer, though the ulcer may subsist, where little or no fetor is perceived.

In malignant ulcer of the genitalia, bleedings usually occur, and sometimes a large hæmorrhage is the first intimation which the patient receives of the existence of the disease; these bleedings are of various quantity, and uncertain interval, being perhaps most copious and dangerous in those cases in which the ulcer is accompanied by those fungous growths before described.

Wasting, fetor, and flooding, are, in this disease, associated with, more or less, central distress; the region of the sacrum, the pubes, the groins, the hips, and the thighs, being the main seat of the uneasiness, which is composed of aching, forcings, urgings, burnings, lencings, and micturition, not to mention other feelings, which scarcely admit of a significant appellation. In different cases, there is much variety in the degree of uneasiness; in the latter stages of the disease more especially, some women suffer dreadfully, and find no solace, excepting from large doses of opium, or other anodynes; while others, more especially in the earlier stages, undergo, comparatively, but little pain. Malignant ulcer is by no means invariably attended with burnings, though the existence of this symptom ought always to create a strong suspicion of this disease.

In dubious cases, it becomes necessary to ascertain the existence of ulcer by examination, a diagnostic of no value, if the operation be performed by those who want the necessary science, habit, and dexterity; but where these qualities are not deficient, the operator will generally enable us to decide the point. When the genital cavity has been entirely free from ulcer, a practitioner of fifteen or twenty years' experience, on instituting an examination, has decided that ulceration was begun. By a polished tube, of convenient length and diameter, the speculum vaginæ as it is called, an inspection of the os uteri, and parts adjacent, may be easily accomplished by the help of a strong light; for the tubular form of the instrument effects a dilatation of the vagina, and its polished surface, a sort of circular mirror, conveys and concentrates the light, so as to throw it in full force upon the parts above. This method of investigation must enable the least skilful to determine whether ulcer exists or not; but, in most cases, it is neither necessary nor conceded; and, in cases of reputed carcinoma, generally it is by the touch that we are enabled to determine respecting the existence of the morbid organisation. Now, where this really subsists, we find usually, at the upper part of the vagina, a mass as hard as a piece of cartilage, and as large, perhaps, as a goose-egg; and, in the midst of this solid mass, we may distinguish a cavity often of irregular surface, and large enough to admit the extremities of two or three of the fingers: this cavity, however, (in some few cases,) being filled with a loose vascular growth. Below the indurated mass, the vagina generally feels perfectly sound; a rough examination may give much pain; dangerous bleedings may follow these investigations, if rudely made; and cases of fungus require a touch of the utmost tenderness; the hand is usually stained after these examinations;

and, to most cases, though not in all, an offensive odour is perceived, from which the finger is not easily purified. The malignant genital ulcer is, perhaps, most common in the middle period of life; but I have myself observed it at the extreme ages of 64 and 78, not to mention the various intervening periods. It is not certain that unmarried women are more obnoxious to it, and I have seen the disease prove fatal to the mother of fourteen children. Family propensity to the disease is not strong; and yet, in at least two instances, I have known it attack women who were sisters.

#### *Character of the Malignant Efflorescent Growth, or Cauliflower Excrescence.*

Women sometimes labour under the efflorescent excrescence, without, however, assuming the sallow complexion of carcinoma; and, in those who are disposed to be full and plump, the disease may now and then prove fatal, before an alarming emaciation has been produced. The disease is, I believe, always attended with a pretty copious watery discharge; and when this is abundant, and of long continuance, much wasting and debility may be produced, the exhaustion being sometimes accelerated and augmented by the eruption of large quantities of blood. In the malignant ulcer of the uterus, there is generally much fetor, but this is not, I think, equally certain in the efflorescent excrescence; and the same remark may, I think, be extended to the central uneasiness, usually much greater in carcinoma than in this no less fatal and still more insidious disease. When doubts remain on the mind, an examination becomes necessary, when the efflorescent growth of various size may be discovered in the vaginal cavity, sometimes uniting with the parts by a broad basis, and much more rarely by peduncle, sometimes seated on parts which have undergone but little change of structure, and sometimes (perhaps still more frequently) resting on an indurated scirrhous mass. The body of the growth may be, in the main, single, or it may be broken into large detached lobes. Prolapsus of the uterus may concur. Are strumous habits most obnoxious to this disease? In Dr. Clark's valuable work on the diseases of women, there are some excellent remarks on this complaint. But to proceed.

#### *Character of Fungous Excrescence.*

In the genital cavity, fungous excrescences are sometimes formed, varying in their situation, but placed generally in the upper part of the vagina, or on the mouth or neck of the womb. These excrescences may, perhaps, sometimes grow from a can-

face healthy enough, but more frequently they are spreading upon a carcinomatous base. By watings, gleetings, floodings, and offensive odours, the practitioner is first led to suspect the existence of the disease, and at examination by the speculum, or otherwise, demonstrates at once the nature of the affection. In Deaman's Obstetric Plates is represented a fungous polypus growing from the fundus of the uterus, suspended by a peduncle, not larger than the little finger, and the womb is inverted; but generally these fungous excrescences rest upon a broad basis. I am not certain that they are always single.

*Character of Malignant Ulcer of the Uterus in its inflammatory stage.*

When carcinoma, as it is called, is commencing, it cannot always be ascertained with facility, being liable to be confounded with various distressing affliction of the bladder, womb, rectum, or vagina. The existence of the disease, however, may be reasonably suspected, when others of the family have been assailed with this affection, and when there is micturition and backach, and lancinating pains in the pelvic cavity, and muciform or serous discharge, and pain felt during intercourse of the sexes; the laniations, unless they are of the rectum, are very auspicious. It must not be concealed, however, that all these characteristics are fallacious and uncertain, and many women make themselves miserable, by too hastily inferring from such symptoms, that they labour under carcinomatous disease. It is by examination only, specular, or by means of the touch, that in cases of ambiguity, the diagnosis must be established, and if the mouth of the womb is large and open, and if the neck of the uterus and the vagina are thickened and indurated, and if, like a carcinomatous breast, the diseased and indurated parts are affected with severe lancinating under pressure, there is good reason for vigilance, as that the malignant ulceration may be approaching. A large, patulous, and indurated os uteri, may be looked upon in all cases, as a diagnostic of great value.

*Of the Anatomy of the upper part of the Vaginal Cavity, so far as the knowledge of it is important in the diagnosis of the malignant disorganisation.*

To give full weight to your opinions respecting the condition of the genitals, in reputed disorganisation, it is absolutely necessary that you should be thoroughly acquainted with the healthy make of the internal genitalia, both in the living and the dead, and must dexterity and much see be wanting in order that the examinations may be well

made. Anatomy, morbid and healthy, must form the basis of your knowledge here, and I would advise you, on every occasion, whether in the dissecting-room or otherwise, to take every opportunity which may present itself, of examining the state of these parts, both by the knife and touch. In different individuals, there may be much variety in the make of these genitals internally, and this independently of disease, just in the same manner as there may be much variety in the make of the features; the face being variously moulded, not only in different individuals, but in different races. In the Ethiopian and the Caucasian, in the Mongolian and the American family of mankind. Not to mention the variation in the length, the thickness, the capacity, the collocation of the vagina; there is much variety in the state of the os uteri, not to be overlooked by the scientific and dexterous accoucheur. In some women it is flat, in many more tuberoso, and forming, as it were, a frustum of a sphere; in some women it is of large size, in others smaller, in most smooth, in some few, a little rugous, in some firmer, in many softer, in some with a small aperture, not to be discovered without a very careful investigation, in others with a capacious aperture, readily admitting the fore apex of the finger; in most women the opening is circular, in many, it consists of a fissure never stretching from before backward, like that of the male urethra, but in all cases, I believe, extending from side to side, so as to divide the tuberoso mouth into two lips, front and posterior. When large, the mucous follicles in the neck and mouth of the uterus, may, I suspect, give a roughness to this part.

In the preperation exhibited, you see the os uteri formed into an attenuated edge. When the womb prolapses, and the opening of the os uteri is small, it may be overlooked altogether, and the case may be mistaken for inversio uteri, of which error I have seen two examples. A firm os uteri may be mistaken for scirrhus; an os uteri, large and patulous, may be mistaken for cancer. The broken circumference of the os uteri, produced by the pressure of the head during former labours, may be mistaken for ulceration; a rugous os uteri, or the same part roughened by the glandulae nabothi, may be erroneously supposed to be affected with malignant disorganisation. These, and other errors, however, are the results of a want of knowledge in these matters; a small share of information is sufficient to prevent them; they are the mistakes of the artist, and not of the art. Other varieties of the os uteri I deem it needless to notice. The whole subject may be well illustrated by the preparations which I now circulate. And thus much,

then, respecting the morbid anatomy, and the characters of these terrible diseases. To my friend Dr. Hodgkin, I must refer you, for a fuller and more scientific exposition of the malignant changes of structure. In these lectures, it is my duty to view everything in its relation to practice. It is at the bed-side of the sick that the sterling value of obstetric knowledge must be ascertained.

## FOREIGN DEPARTMENT.

### EXISTENCE OF A CANAL IN THE OPTIC NERVE OF THE HUMAN FETUS.

In the year 1816, Dr. Wedemeyer, when examining the eye of an embryo of about six months, observed that, on slightly pressing the globe, the vitreous humour escaped from the centre of the optic nerve. Having subsequently had many opportunities of repeating his researches, he found a canal in the middle of the optic nerve, the anterior opening of which was in contact with the vitreous humour, its posterior termination could not be ascertained, and, as well as the diameter of the canal, seemed to vary according to the age of the fetus. It is very probable that, at the period of cerebral development, when the corpora quadrigemina contain cavities, the abovementioned canal is pervious through the whole course of the optic nerve, and that it subsequently obliterates from the origin of the latter towards the retina. Dr. Wedemeyer never found it of more than half an inch in length from the retina, towards the decussation of the nerves, in embryos more than seven months old, it was completely obliterated.

Dr. Wedemeyer's discovery is confirmed by an analogous observation of Mickel and Carus, viz that, in the olfactory nerve of the human fetus and of the lower animals, there exists a canal which communicates with the lateral ventricle, and, in the former, obliterates at the sixth month of gestation, while, in most of the latter, it is found permanent during life.

### ANEURISM OF THE POPLITEAL ARTERY SUCCESSFULLY TREATED BY THE APPLICATION OF A TEMPORARY LIGATURE.

Antonio Rotelli having, about fourteen years ago, gone through several courses of mercury on account of scrophulous tumours, had, subsequently, enjoyed good health up to his thirty-third year, when, in consequence of much exertion, and the abuse of spirituous liquors, he began to feel a very violent pain in the left arm, so that he was

eventually confined to his bed. On examination, Dr. Folnadi, of Bionda, found an aneurism of the popliteal artery, of the size of a pigeon's egg, and so extremely painful as hardly to admit of the slightest pressure. After the preliminary use of repeated general and local bloodletting, and of cold lotions, the femoral artery was, in the afternoon of the 5th of June, 1826, tied in the usual manner. According to Scarpa's method, (which seems to prevail throughout the greater part of Italy,) a small cylinder of linen, covered with oerate, was placed between the vessel and the ligature; after the application of which, the pain and pulsation in the aneurismatic tumour immediately ceased. On the morning after the operation, the wound was considerably swelled, the fever very high, &c., but, after copious bloodletting, these symptoms rapidly disappeared; and, twenty-four hours after the operation, the wound being in full suppuration, the cylinder and the ligature were withdrawn, and the edges of the wound brought into close contact. The artery seemed perfectly obliterated, for the pulsation in the aneurismatic tumour did not return, the wound from the operation speedily healed, and, on the 22d of August, the tumour in the arm had completely disappeared.—*Annali. Univers. di Med., Jan. 1829.*

### RUPTURE OF THE HEART.

Marianna Prezzi, *ætat.* 58, of a lymphatic constitution, having been in the habitual enjoyment of good health, felt, on the 21st of February, 1828, without any assignable cause, a violent burning sensation in the eyes, which, however, under the use of leeches and aperients, subsided within a few days, but, at the beginning of March, was followed by an erysipelatous inflammation of the neck. On the 10th of March, Dr. Biguardi, of Modena, observed a pulsation of the inflamed part, corresponding with that of the heart, the action of which was by no means irregular, the pulse was rather weak and slow. After a vesication, and under the use of emollient poultices, the patient seemed to be completely recovered, and resumed her former occupation as milk-servant. On the 14th, she frequently complained of a sensation of cold and numbness in the hands, but, in other respects, seemed quite well. On the morning of the 15th, she suddenly screamed out, and instantly died. On examination, the brain was found bloodless, but, as well as the lungs, of healthy structure; the pericardium was enormously distended by a great quantity of blood, which having been removed, the heart was pale and flabby; and about an inch distant its apex, on the left margin, exhibited a

longitudinal rupture, leading into the left ventricle, its base in length, and half a line in breadth; the edges were irregular and lacerated. About three lines distant from the foramen, another longitudinal rupture was found, which was, however, still covered by the pericardial lining of the heart. The left ventricle was considerably enlarged; its external and internal linings were healthy; but its muscular tissue, especially round the foramen, without any appearance of fibres, and had degenerated into a soft, yellowish white pulp. The right ventricle, as well as the large vessels, was perfectly healthy.

A similar case is related of a young lady who died suddenly, when apparently in the enjoyment of good health. On examining the thoracic viscera, the pericardium was found filled with blood, the source of which was a rupture of a small aneurismatic tumour at the origin of the aorta. The parietes of the tumour consisted only of the internal and external lining of the heart; the muscular tissue around it was softened.—*Ibid.*

#### ON THE PROPHYLACTIC POWERS OF BELLADONNA AGAINST SCARLET FEVER.

By C. W. HUSELAND.

THE author has been led, both by his own experience and that of a great many other practitioners, to form such a favourable opinion with respect to the powers of this medicine, that he is convinced that in epidemics of scarlet fever it ought universally to be resorted to, as the best means of preventing the disease altogether, or mitigating its violence. The following are his general conclusions:—

1. The proper use of belladonna has, in most cases, prevented infection, even in those instances where, by the continual intercourse with patients labouring under scarlet fever, the predisposition towards it was greatly increased.

2. Numerous observations have shown, that by the general use of belladonna, epidemics of scarlet fever have actually been arrested.

3. In those few instances where the use of belladonna was insufficient to prevent infection, the disease has invariably been slight.

4. There are exceptions to the above three points, but their number is extremely small.

It seems that in some epidemics belladonna has no prophylactic powers at all; the individual disposition, the method of using the remedy, and the quality of it will, of course, have considerable influence on the result of the experiment. Three grains of the extract, which must be recently prepared, are dissolved in three ounces of di-

luted alcohol; of this solution the individual takes, twice a-day, as many drops as he is years old; its use must be continued as long as contagion is possible. The dose, it appears, is so very small, that even if it should fail in its effect, it will, at all events, not be injurious.

In consequence of Huseland's communication on the above subject, the Prussian government has issued an official decree, ordering the general use of belladonna, as a prophylactic in all instances when scarlet fever prevails as an epidemic.—*Liter. Anz. d. d. ges. Heilk.*

#### THE FOURTH CASE OF CHOREA.

Communicated by a Medical Friend to Dr. HARRISON, and by him to THE LANCET.

A. B., a delicate girl, only eight years old, and four feet nine inches in height, has menstruated regularly during the four preceding months. The menses are already imperfectly evolved. Some menstrual efforts had taken place, at the age of six years. These were unattended with any perceptible derangement. "To me," the writer observed, "it appeared a fair opportunity of ascertaining whether this might not decide (as far as a single case could decide) the late disputes on the Continent, respecting the use of the cerebellum. In the present instance, along with the premature development of the most important sexual function, there existed a total loss of control over the voluntary muscles. The cerebellum then may be essentially connected with the sexual functions, as has been supposed by Gall and Spurzheim, and yet be the organ principally controlling the voluntary muscles.

"On examining, that part of the acciput covering the cerebellum, it was found rather large, and the heat very perceptibly greater than at any other part of the head. It was resolved, therefore, (all the usual means having been previously employed without any benefit,) to try the effect of repeated local bleeding, together with the continued application of cold, attention being paid to the state of the bowels. Under this mode of treatment, the patient recovered in the space of a month, not the slightest spasm remaining. The cessation of the spasm was attended with a cessation of the menarchial discharge. She remained perfectly well during eight months. At the end of this time, menstruation again took place, and, along with it, a return of the paroxysmal affection. Similar menues were repeated, and similar effects have followed."

Remarks by Dr. Harrison.

In this case, although the patient had

only attained her eighth year, the constitution was already considerably evolved. The mammae were in some degree enlarged, and, for the preceding four months, she had regularly menstruated. Eight months afterwards the catamenia and spasms returned, and disappeared together. Efforts to menstruate had also been observed, when she was only six years of age.

The uterine system, the most influential of the female organs, is liable to many accidents and derangements, which have a tendency to disturb and injure its functions, and extend a morbid action over the whole frame. In early life, this viscus and its appendages are small and quiescent. As the body grows, they not only enlarge along with it, but undergo extraordinary modifications to fit them for the business of procreation, and to nourish the tender fetus. The full development of the sexual organs occupies several of the earlier years. Towards the decline of life, they are destined to undergo ulterior changes, which incapacitate them from continuing to discharge their proper offices. These two periods constitute the most important eras in female life, and lay the foundation of many distressing ailments. The maturation of the generative members takes place at different ages in different countries, and with different individuals. In England, the bodily organisation is seldom fully expanded before the fourteenth year, or later. Its completion is characterised by many constitutional evolutions. The most remarkable are displayed in the uterus and ovaria. In the former, periodical discharges occur of a peculiar nature; in the latter, a vivifying fluid is generated, which, being mixed with the male semen, forms the rudiments of the human embryo. When the mammae enlarge, and the uterine organs display their functions prematurely, the health generally suffers in consequence of the unnatural changes.

We are wholly ignorant of the methods employed by Nature to effect these constitutional alterations. They are, however, obviously attended with a partial determination of blood, and dilatation of the implicated vessels. But by what secret contrivances and previous arrangements their culture is increased for these important purposes, we know not. It is, however, certain, that whenever the natural evolutions of any part take place unreasonably, irregular efforts ensue, and disorders are set on in the same organs. Of this remark, we find the most striking and unexceptionable illustrations, in contemplating the morbid phenomena, which follow sudden changes, in departments of the human frame, lying under our immediate cognisance. We find, moreover, that so long as the various parts of the body expand simultaneously, they main-

tain a just relation to one another, and a harmonious co-operation is preserved. No morbid determinations ensue. No disproportioned growth is observed; no disorders of irregular formation occur. The constitution increases progressively, and the corporeal evolutions appear in regular succession. When the body enlarges in some parts faster than in others, the natural concordance is interrupted, and confusion prevails in the system. This derangement lays the foundation of numerous maladies. A precocity in the sexual organs is the fertile source of nervous complaints. The constitution, subjected to the powerful agency of a new stimulus, before the stamina are prepared to receive its impulse, suffers from the inordinate operation superinduced. In the present instance the uterine, and probably the ovarian functions also, were brought into play, before the due season. The irritation thus produced, acting upon the nervous fibrils of the sexual members, and being conveyed from them to the spinal chord, or organ of motion, occasioned the choroid agitations displayed in this case.

Many examples of mania, as well as of epilepsy, hysteria, and other convulsive maladies, originating in the sexual viscera, are upon record. Although the exciting cause operates first upon these organs, its influence is extended from them to the nerves of voluntary motion; and is, moreover, occasionally transmitted along the spinal chord to the brain. Here, by disturbing the sensorium commune, the mind is made to participate in the affection. This shows itself in different degrees of temporary, or more permanent, derangement. It is of great importance, in practice, to distinguish this variety from the other species, with which it is too generally confounded. I have had occasion to witness the erroneous notions, in this respect, of medical men, and their employment of remedies to the head, when the epileptic paroxysm, for example, originated in the teeth, the digestive organs, or other remote part. In a recent case of this sort, which had been treated with leeches, blisters, and cold affusion upon the head, I discovered that the mother was in a state of pregnancy. No sooner had another wet-nurse been substituted for the natural one, than the complaint disappeared, affording a convincing proof that the epileptic symptoms originated in unwholesome food.

The ingenious writer of the present time seems inclined to attribute the chorea, and early menstruations, to a morbid condition of the cerebellum, because he found the capillitia over it hotter, externally, than the surrounding scalp. This source of convulsions has lately been advocated by learned and able pathologists. It is a question

which experience can alone determine. In the mean time, we may observe, that although the os uteri was preternaturally heated, it does not follow that the cerebrum was the seat of chorea. I am not aware that increased action of the encephalon, or its ganglia, necessarily leads to any augmented warmth in the part exercised. According to my views of chorea, the disorder, in this instance, is to be looked for in the generative system, rather than elsewhere. These important organs were prematurely evolved, and called into inordinate action, before the constitutional energies were sufficiently matured and invigorated to bear the new stimulus with impunity. Hence they gave way to causes which, under more favourable circumstances, would not have produced any morbid impression or disturbance. Besides, no means were employed at the same time to regulate the bowels. I am inclined to impute her cure to them, rather than to the local application of leeches, and cold applications to the os uteri. Moreover, as the chorea and uterine evacuations disappeared simultaneously, I think the choroid manifestations only left her, on the irregular movements of the uterus causing to agitate the frame.

#### *Of Puerperal Convulsions.*

Having, for the present, concluded the few remarks that I proposed to make on the above case, I now proceed to the consideration of another distressing malady of the uterine system, still involved in great obscurity. Many of its leading symptoms bear such a striking resemblance to the preceding case, as to justify their being placed together, and to encourage a reasonable expectation, that by regarding them in this way, they will mutually illustrate each other. The latter disorder, generally called *puerperal convulsions*, having bereaved many husbands of dear and affectionate wives, claims our anxious solicitude. Moreover, by depriving the British people of an amiable princess, it lately plunged a whole nation into the deepest misery and affliction. Though always an attendant on parturition, it sometimes precedes, sometimes follows, that interesting event. The attack is always sudden, and generally unexpected. The symptoms are peculiarly violent, imitating hysteria or epilepsy, but they are much more extravagant and distressing than either. Sometimes it appears under the semblance of general convulsions. The countenance assumes hideously distorted, that it is possible to conceive; the eyes open, and shut in quick succession; the mouth is in continual motion, and emits an insupportable hissing sound; the lips are covered with foam; the breathing is often

stertorous, and the limbs are tossed about with the most frightful agitations. To add to the miserable situation of the mother, she is all this time in a state of total insensibility. According to my experience, the complaint is produced by sharp and hasty labours, rather than lingering or unnatural births. The weakly and indolent are more liable to suffer from it, than the hardy and active.

The origin of this alarming disorder has, among other causes, been imputed to an irritable condition of the womb. To me, it appears rather to proceed from an injury inflicted upon the uterine nerves, than from any other cause. By the too rapid and forcible dilatation of the cervix uteri, os tincæ, or vagina, some of the nervous fibrils are so suddenly elongated, as to become fretted, unduly stretched, or perhaps actually torn, if not burst asunder, in struggling to expel the child. The morbid affection impressed upon these minute nervous ramifications is immediately conveyed to the great sympathetic and spinal chord. It is then carried to other spinal nerves, by which means those distressing spasms are produced in the muscular system, as already explained.

Several years ago I was sitting beside a middle-aged female, the mother of several children; she was of large size, and very corpulent. While reclining in an easy chair, and engaged in conversation, she suddenly sprang forward, and fell prostrate upon the floor, as if dead. She was far advanced in pregnancy, but had given no previous notice of the approaching accouchement. After an anxious pause, and suspension of the vital powers for a few seconds, general convulsions burst forth in the most sudden manner, and to an alarming degree; they seized upon the limbs and countenance at the same moment; both were frightfully agitated, and she writhed incessantly. The child was speedily expelled by the mother's own efforts, and without her being at all conscious of what had taken place. The placenta immediately followed, unattended by any particular circumstances. No pulse could be felt for some time, and the vibrations of her heart were scarcely perceived. The spasms continuing unabated, a large dose of tincture of opium was given. The room being darkened, and perfect quietude enforced, she gradually sunk into a disturbed, and afterwards a calmer, sleep. In this state she remained four or five hours, and then awoke completely exhausted. The action of the heart and arteries being still very feeble, I persevered in the means above recommended; these, with saline remedies and aperients, prevented the recurrence of fits, and she slowly recovered her former health.

Soon afterwards I was called to a robust and healthy female, about twenty-five years of age; it was her first child. The labour had been sharp, but of short duration. She remained free from pain only a few minutes after the accouchement; she then became suddenly and universally convulsed, with the most horrid spasms; her face, eyes, and mouth were frightfully distorted, and in continual motion. I found her insensible, and unconscious of every thing around her; the countenance was flushed, and the pulse beat about 85 strokes in the minute; it was rather strong, full, and hard. A vein being freely opened, twenty ounces of blood were speedily extracted; the arm was then bound up. The fits became milder from that time, and returned at longer intervals. A full dose of opium procured several hours' sleep. On her waking, it was discovered that the bandage, having slipped aside, more than twenty ounces of blood had escaped from the orifice into her bed. This second loss of blood was so effectual that the fits never returned; the face appeared no longer flushed, and her skin felt cool; the pulse had become small, soft, and of moderate frequency. By strict attention to regimen, and the state of her bowels, together with anodyne and saline medicines, she soon regained her former health, and was able to suckle the child. She lived to be the mother of five or six children, but had no returns of her spasms.

So many distressing ailments, arising from local injuries to particular nerves, are recorded in medical books, that I think we are warranted, from analogy, to impute the invasion of puerperal convulsions to the lesion of some nerve in the uterus or vagina. Before I proceed to the cure I will detain the reader, by relating three instances of injuries to the nerves in other parts of the body; they came under my own observation, and although similar examples have often occurred to others, they are, I think, calculated to strengthen, if not actually to establish, the doctrines I have advanced.

Being sent for to a distant patient, I was desired to see the wife of a medical practitioner in the same town, who was afflicted with distressing spasms; they returned, at uncertain times, every day, affecting both her legs, arms, and visage for several minutes. She retained her senses during the fits, and soon recovered after they were over. I was informed, that she had met with an accident, several months before I saw her. While engaged in cutting some slices of bread the knife slipped, and passed into the fleshy part of her thumb. Though no more pain than commonly occurs after such a wound was felt at the moment, spasmodic twitches commencing in the same thumb were soon perceived; they quickly extended from

it over the whole member, to the other arm, to both legs, and the countenance, producing hideous distortions of the face and violent convulsions in the limbs. Under a strong persuasion that a branch of the median nerve was partially cut, or some of its twigs unduly stretched, or lacerated by the injury, I recommended, with a view to relieve the part; that a deeper incision should be made in the same place. The opinion not being supported by the attending physician, or agreeable to the patient, it was overruled; though many remedies were afterwards tried the spasms continued unabated. Disappointed in her expectations, she was at length induced to visit Edinburgh, and placed herself under the care of the late Professor Monroe; by his direction the thumb was amputated a little below the hurt. The convulsions immediately disappeared, and never returned. It is, I think, a reasonable inference, that the spasms proceeded either from injury of a branch of the median nerve, or some of its fibrils. Although the mode pursued was certainly the most effectual, I am sorry that a regard for the usefulness of the thumb did not lead this eminent practitioner to try the effect of a deep incision before he proceeded to dismemberment.

CASE 2. A similar accident befell an elderly lady, from the same cause and in the same part. Convulsions immediately supervened, for the first time in her life; she always felt them in the wounded thumb, and they were propagated more or less extensively from it to the limbs and face. The cut soon healed, and after a few months the spasms gradually left her.

CASE 3. I was called, a few months since, to a healthy boy, of the sanguine temperament, and about eight years old. He was brought from the country to London for medical advice, afflicted with violent spasms in his face and limbs; they returned every hour or two, and each fit lasted more than five minutes, his intellects were not in the least affected, nor did he suffer internally, except from involuntary discharges of urine during the paroxysms. On examination, I discovered a hard inflamed lump in his neck; it felt hot to the touch, and appeared about half the size of a small St. Michael's orange. This swelling was situated on the left side, over or near to the great sympathetic, par vagum, and origin of the phrenic nerve, as well as several of the cervical nerves. I did not hesitate to refer the convulsions to the pressure of this hard and inflamed body upon the cluster of nerves under it. This opinion being confirmed, by one of the most eminent anatomists and surgeons in the metropolis, our indications were accordingly. The boy was first put into a warm bath, and the phlegmoseous tumour

was afterwards fomented half an hour with the decoction of poppy heads and chamomile flowers. A leached poultice was then placed over the same part. The fomentations and poultices were renewed every six hours, till suppuration came on; this took place the third day, and the pus was carefully discharged. The abscess healed in a few days, but no successful was the treatment, that no convulsions appeared after the first bathing and fomentation.

But to return to the consideration of our proper subject. It cannot, I think, be denied, that a bruise, or other injury of the uterine nerves, received from the pressure of the child in parturition, is in itself not only quite sufficient, but often produces the whole train of symptoms which constitute puerperal convulsions.

According to the etiology of this formidable disease, as above laid down, it will be necessary to add, to the remedies usually confided in, such as have a direct tendency to soothe and compose the uterine organs; for this purpose opiates are particularly required; they may be given by the mouth, and passed into the vagina, or rectum. Immersion in the warm bath, or hip-bath, will also be highly serviceable, and may be frequently repeated. Neither should anodyne fomentations to the abdomen and pudenda be overlooked or neglected.

(To be continued.)

#### VITALITY OF THE BLOOD.

"Mirabile videtur quod non ridet harnspex cum haruspem videt: hoc mirabile quod non luter vix cium tenet possit."

Cicero de Nat. Deor. lib. i.

CURIOSITY has been so much excited in anticipation of the peculiar views of Dr. Whiting, on the subject of the vitality of the blood, that I for one looked forward with some degree of anxiety for that important period, when the debates of a certain Society upon "reports" and "explanations" might suffer a brief interruption, and permit the learned Doctor to overturn the Huxtonian doctrines by the splendour of his eloquence, or the force and vigour of his argument. Such a consummation has, at length, happily occurred. The "awful din of preparation" has been succeeded by an evening resplendent of mighty truths; and the obstinate, selecta of Mr. Brasby Cooper have again resisted the portentous efforts of the mountain-giant with a mouse.

But, begging pardon for the levity of an amphibian ill adapted to the subject, permit me to ask both Mr. Cooper and the

Doctor, whether they are sensible of the error they have equally committed, in supposing the coagulation of the blood, when exterior to the body, to result from the active agency of vitality, or any other power peculiar to that fluid; or if they do not conceive it more reasonable to suppose, that be the blood alive or dead while in the body, coagulation out of it occurs in consequence of its removal from the operation of causes by which it was previously influenced; in fine, that the separation of its constituent parts takes place, not from the positive agency, but from the actual negation of those powers by which it was before preserved in a state of fluidity. So far, then, I conceive the speakers to have been equally in error with regard to the view they have made of the fact of coagulation, as an argument for or against the question at issue; while, if viewed in its proper bearings, I conceive it to be essentially subversive of the doctrines which Dr. Whiting advocates.

When blood is removed from the body, we know, as a matter of fact, that it speedily separates into two portions—one more or less solid, the other fluid; and we know it from experiment to be equally a fact, that heat and motion, the only known agencies independent of life, to which it is subjected while in the body, may be applied in equal intensity to blood exterior to the vessels, without their retarding, or accelerating, or preventing in any appreciable degree the changes which, under such circumstances, it undergoes. The fair and legitimate, nay, the inevitable conclusion from these facts appears to be, that coagulation takes place in obedience to the chemical laws of solubility, upon the removal of some power, or agency, which had previously suspended or modified their action; and, as we have positive evidence that the condition of the blood, with regard to its fluidity or otherwise, is not influenced either by the chemical agency of heat, or the mechanical agency of motion or attraction, so are we compelled to attribute the phenomenon exhibited in the one case to the presence, and in the other to the loss, of that power, or agency, or principle, or by whatever other name we may call it, which not only in the blood, but throughout every fibre of the living body, controls and modifies, and suspends the ordinary laws by which the changes in dead matter are regulated; in other words, I conceive we are led to the conclusion that the blood is *fluid*, simply because it is *alive*; that it coagulates, simply because it is *dead*.

The Doctor triumphantly exclaims, "If the blood were vital, it ought to show its vitality during life, and not wait till after death to do so." Now the fact I maintain to be, that it *does* show its vitality during

life, and during life alone, and that its coagulation, so far from being at all dependent upon its vital powers, is only a proof that such no longer have existence. What is it that makes blood in the living body, when impelled to the remotest fibre of the frame, deposit in each part, from one simple fluid, the endless variety of dissimilar materials which in their aggregate constitute the different organs? What power is it that causes this same fluid, in its morbid aberrations, to rear up structures altogether different from any part of the healthy body, to build a polypus in the uterus, or a tumour on the leg? What is it that causes it to repair a part divided by incision, or replace that destroyed by gangrene? Why, *its vital energy*. And again, what is it that causes it, when removed from the situation in which alone such vitality can be sustained, to become a semi-solid mass; and, finally, by the reaction of its own elements, under the guidance of their chemical affinities, to pass into a state of nauseous putridity and speedy dissolution? Why, the *absence of vitality*, giving freedom to the operation of agencies which life controlled.

I was not, I confess, exactly prepared, in the present age, for the staggering assertion, that digestion is purely a chemical solution which can be "*imitated out of the body*;" and the inference, I presume, intended to be deduced from such assertion in the ascending scale of reasoning, is, that as food passes into chyle by chemical agency, so chyle passes into blood by the same power, and so again blood into the organic structures which it forms. When the modest and unassuming Bombastus Paracelsus, tossing with the young and budding visions of alchemical science, gave forth to an astonished world his far-famed recipe for making men by a chemical process, he had at least the tact to guard against the utter and instant downfall of his *spagiric art*, by imposing conditions as essential to success, which he well knew could not be fulfilled. With more of shivality perhaps, but certainly with less of discretion than his illustrious prototype, our modern *spagurist* asserts that to be a fact, which besides being disposed of by a hundred experiments already, is still open to the attempts and failures of all inquirers; and permit me therefore to ask the Doctor in sober seriousness, if he really intends to assert that he ever has, or further if he intends to express a conviction that he ever can, by any means within his powers to apply, or by the adaptation of any circumstances under his control, produce, *without the aid of a living stomach*, any solution or coagulation of food at all analogous to digestion; any fluid at all similar to chyle. If, in fact, he can effect more than by the agency

of softening in certain fluids, which approaches about as near to the operations of the living stomach, as the light of a rush-light to the splendour of a summer sun.

Oh! Doctor, Doctor, have you ever seen the pithy saying of Hunter? If not, here it is: "*Heat, tears, and inwardly digest. Some people, gentlemen, will tell you that it is a mill, others that it is a fermenting tun, and others, a stew-pan; but I say, gentlemen, that it is neither a mill, a fermenting tun, nor a stew-pan, but a stomach, gentlemen, a stomach.*" A few words more, and I have done. The difficulties in admitting vitality to the blood, depend much upon the exceedingly vague and undefined idea which we are apt to form of life. Of its real nature or essence we know nothing, and it is only from its phenomena or effects that we infer its existence. But men, seizing upon motion and sensation, the two most prominent of these attributes, are apt to identify the term life with them and them alone, and to conceive that as the blood has no inherent motion and no sensation, so it cannot be alive; if, however, we are to admit of an analysis of life upon the basis of a simple inquiry into the nature of those phenomena by which living bodies are so essentially distinguished from dead ones, if we are to grant that there is a motive principle that operates through the muscular apparatus, a sensitive principle which pervades the nerves, &c. &c., we must equally admit that the blood is pervaded also by a principle which enables it to effect the *formative* operations of the machine, in a way altogether different from any known power of chemistry or mechanics; or, in other words, we must allow the blood to be alive. All the dreams in which philosophy ever has indulged, having for their object the explanation of the phenomena of life upon the ordinary laws which influence dead matter, have utterly failed; and the living body, so far from being subservient to such, is ever waging an unceasing war against their agencies, and exhibiting a constant and enduring refutation of chemical and mechanical physiology. Of its various parts, none offers a more striking example of this truth than the blood; its constituent parts, held in nice balance during life, remain fluid and adapted to the purposes of nutrition; removed from the frame, chemistry asserts her empire, and the then insoluble parts separate. How is this, except from the presence or absence of life? But enough: for myself, I cannot, for these reasons, doubt of the vitality of the blood; nor am I certain, but that to some persons who maintain other views, I might say with truth, in the language of Cicero, "*Ne tu quidem scire sed non vis scire.*"

J. S. C.

Indianapolis, 25th April 1853.

## AMERICAN OPINIONS AND PRACTICE.

At the head of their analysis of medical journals, the editors of the *AMERICAN MEDICAL REVEALER* usually place the figure of a woman with a dove in her hand, shaking the chaff from the wheat, and casting the former to the winds. If the lady, who appears to be a kind of Yankee Britannia, will allow us, we will occasionally borrow her dove, and see if her own heap will yield us enough grain to pay for the trouble of shaking it up. In doing this we shall prove that the observation of Dr. Samuel Annan, p. 79 of *The Recorder*, now before us, No. 43, is as untrue as it is peevish. "That British surgeons," says Dr. Annan, "should consider any thing emanating from a foreign source as undeserving attention, is in strict keeping" with their general character, we suppose. However forcibly he may think this applies to gentlemen of the same stamp with the two whose names he quotes in immediate connexion with this passage, his remark, as far as concerns its general application, is absurd; and as for Mr. Earle and Mr. Brodie, we have no doubt of the result, the moment they see the extract we shall make from Dr. Annan's article. They will hasten to purchase Dorsey's Surgery, and Jameson's Essay on Traumatic Hemorrhage, and follow the example of Mr. Vickham, the Vinohrater Bar, who, after a reluctant struggle of two months, was induced to try the buckskin ligature. We subjoin at once a summary of the arguments in favour of

## LIGATURES OF COMMON BUCKSKIN.

"If there should happen to be a scarcity of silk-worm bowels,\* which sometimes appear to have answered exceedingly well in the few trials they (the British surgeons, who consider foreign information as undeserving attention) have ventured upon, they will find that narrow strips of the thinner parts of common buckskin, as found dressed in the shops, are at least equal, if not superior. It can be easily procured in all situations; can be cut of any thickness to suit the size of the vessel; is less likely to cut through the coats of the artery, and, consequently, there is less risk of secondary hemorrhage; it is soft, and readily acted on by the absorbents; offers no obstacle to union by the first intention, and causes no more irritation than

\* From my own experience of ligatures, made of the strips of silk-worms, we should be, with confidence, that they ought to be used.—Ed. L.

is sufficient to procure the obliteration of the vessel. But let the fact, as to its superiority over the silk-worm gut, be as it may, the latter having been found to answer, it is to be hoped, for common humanity's sake, that we will not hear any more of 'exquisitely painful stamps, protracted suppuration, profuse discharges, and threatening debility,' from the use of the silk ligature, which not only protracts the cure, but is productive, in many cases, of much greater and longer-continued irritation."

## TREATMENT OF DYSENTERY.

It is admitted, that in most cases the disease is not necessarily fatal. Why then does it terminate so many lives! The answer is plain. There is no settled method of cure, or if there is, it is not generally followed. It appears to me, that there is scarce a disease which has been so long known, about which there is so great practical difference of opinion. Dysentery is not a local, but a general disease, and it must be treated on general principles. It is this plan alone which can harmonise the opinions of medical men, and render their prescriptions more generally successful. In a nosological arrangement, I class dysentery among those diseases strictly called fevers. In its treatment, I should labour to establish three important positions; that purging is the true remedy—that cathartion must be used in large doses, or, at least, that they must be of an active kind, in moderate doses, quickly repeated—and that the doses must be *successive*. The summary of the treatment consists in evacuating the bowels daily with suitable medicine. Trust no eyes but your own for evidence, that it does actually operate; and I am prepared to assert, that many of the worst cases of dysentery, may, by these means, in two days, be converted into an ordinary remittent fever; with this difference, however, that if the cathartic be carefully continued, the dysenteric symptoms will not return, and the patient will speedily recover.—Dr. William Horton, New York.

## PHLEGMASIA DOLENS.

The cases which have come under my own observation in my own practice, or that of my medical friends, lead me to the following conclusions. 1. *Phlegmasia dolens*, though most common in child-bed women, is sometimes seen in women of all ages, and sometimes in men also. 2. The swelling, mostly in one limb, sometimes in both, is always of a shining white colour. 3. All writers say it is unsuppurative, and that there is always more or less effusion. 4. It is obviously an inflammatory disease, which we infer both from the symptoms and from

the good effects of topical bleeding, and other depletory remedies. And lastly, I may venture to pronounce this a variety of phlegmatic inflammation, or an inflammatory action, the tendency of which is to the effusion of serum. To arrive at a successful practice, we must first look to the general system, and lower the action of the heart and arteries, by general blood-letting, or not, according to circumstances. This done, we employ topical bleeding by leeches or cupping; give cathartics; sometimes a little calomel, mostly *crem. tartar* and *jalap*—or, if the state of the patient will admit of it, one-sixth, or one-fourth of a grain of *elotine* may be given, by which we may procure copious purging. I usually repeat this article every two hours, till the desired effect is produced, and repeat the medicine once or twice a week. As a local application, I have seen the use of cabbage leaves attended with good effects—they operate by keeping up free perspiration. Hog's lard usually relieves the painful tension attending phlegmatic limbs, and sometimes is attended with the happiest effects. In the advanced stage of the disease, (and this is mostly a disease of considerable duration,) stimulant liniments and blisters may be useful, with, or without, according to circumstances, the internal use of tonics. *Sp. terebinth.* and sweet oil make a good application, or a little oil of *sassafras* mixed with simple ointment.—*Dr. Jamieson of Baltimore.*

#### ON THE PERMANENT CURE OF FEMORAL HERNIA.

By G. JAMIESON, M.D., of Baltimore.

THAT appears to be a paucity of information on one point relating to femoral hernia, i. e. whether there be an increased or diminished liability to strangulation, after the ordinary operation. So far as my memory serves me at this time, few authors have said any thing respecting this point. The common opinion with the profession is, I believe, that the operation does not lead to permanent cure. Mr. Hey, of Leeds, found his patients very liable to a return of hernia, but that strangulation seldom or never took place after operation. Under my own observation, Mr. Hey's remarks have been found correct.

If it be admitted, however, that strangulation seldom occurs a second time, we should not lose sight of the fact, that such persons must always be liable to injury of protruded parts, from blows, falls, &c. and even a well-adjusted truss will not always afford safety, particularly to the labouring classes of people—in the act of stooping, straining, and the like, parts may be protruded suddenly, and subjected to violence. Such trusses are extremely unpleasant to

most persons, and particularly to women; these views of the subject have induced me to make an effort to overcome this difficulty. I have lately met with a still stronger inducement for attempting the permanent cure of femoral hernia, which I shall state, after describing the method which I practised some years since, I believe successfully.

#### CASE AND FIRST OPERATION.

I was called to see a young lady in the month of December, 1822. She had concealed the disease for several days, not only from her female friends, but positively denied having any appearance which would warrant the belief of her being affected with hernia. In consequence of this absurd conduct, she was brought into extreme danger before she disclosed the fact of her being affected with femoral hernia, which had existed three years, attended with much suffering and occasioned by a fall. It would be unnecessary to detail the symptoms and treatment; suffice it to say, the symptoms were extremely violent, and all the usual means for reduction were employed ineffectually. Two practitioners were present at the operation which I performed. The following remarks are from my notes of the case: "There is a small tumour in the groin about the size of a walnut, but oblong, exceedingly tender to the touch. It feels soft, and gives to the finger the sensation of omental hernia. This tumour has existed three years, and no attempt has been made to reduce the part; it is therefore very probable, that more or less considerable attachments have been formed." The tumour having been uncovered in the usual way, I now discovered that whatever might be the nature of the hernia, that it was firmly attached all round to the ring. I therefore discovered at once, that the part protruded could not be reduced, until the attachments were broken up. This was cautiously done by means of the finger nails, and by scissors. In doing this, I discovered that the hernia was omental, that a portion of the omentum was agglutinated into a ball, and could not be unfolded." This tumour being detached from the surrounding parts, and the structure divided by cutting the falciform ligament, and those of Gimbernat and Cooper, I succeeded in returning the mass of omentum uninjured. The symptoms were alarming during the three or four succeeding days, but she recovered. After she was restored to perfect health, she apprised me with having deceived her in regard to a permanent cure of the disease, a thing which had not once crossed my mind. To save life was the object of the operation, but she somehow associated the idea of permanent cure with the operation, and was disappointed when she found, about two weeks after the

operation, that the hernia had returned. It was in vain that I endeavoured to persuade her to be reconciled, and keep herself comfortable by wearing a truss. She harassed me by sending frequently for me, and declared again and again, that she would never have submitted to an operation, on any other terms than that of a perfect cure. That she would gladly submit to a second operation, if it could be made to answer her wishes, but that she was fully determined not to live under existing circumstances, though she had no other than mental suffering, was this was such that she would destroy her own life. Her entreaties set me seriously to reflect whether any thing could be done for her, likely to meet her views. Being a woman of education, and of strong mind, I laid the following views before her, for reflection. No operation has been practised with a view of affording exemption from return of femoral hernia. This is, therefore, a strong inducement for you to remain satisfied with your present situation. I therefore unhesitatingly recommend the use of a truss, and leave matters as they are. If, however, you are fully determined upon having something done, you must be aware, that as no operation has been practised for the purpose, any thing which I could attempt in that way, must be an experiment. Bearing this in mind, then, I will engage to perform a new operation, and have reasonable hopes of affording you relief, or I would not undertake it. After a few days' reflection she informed me that she was ready, but must insist that no one but her maid should be present—saying, I had sufficient proof of her firmness in the former operation, that she could bear whatever might be necessary, and that she had an insuperable objection to the profession knowing any thing of the case, considered in reference to herself.

## SECOND OPERATION.

She being in good health, so far as compatible with a most fretful irascible mind, I performed the following operation without any assistance except that of her maid. The hair carefully shaved off the part, I made an incision through the skin and fatty structure down to the fascia of the thigh, a little to one side of the centre of the femoral aperture, and a little obliquely upwards, and a second incision beside it, by which I cut loose a triangular piece of integument, the widest part of which was fully three-fourths of an inch wide, and two inches in length. Its longest diameter upwards and downwards, and most of its surface like that below the aperture; was cut out loose; the upper part of the skin over the edge of the triangular integument, by which connection

this flap was to be sustained. The fascia being now cut, and the hernial tumour returned, the thick end of my flap was fitted into the femoral aperture. Then the skin on either side was drawn over the flap, and united by means of three or four sutures; this completed the operation.

*Remarks.*—In offering my views upon the above operation, I shall speak of the indications, of the objections, and of the inducements. The first thing, perhaps, which would excite the curiosity of the surgical inquirer, is the smallness of the femoral aperture; and a little observation will convince him, particularly when he examines this aperture, as it is pressed open by some protruded and strangulated part, that the opening approaches, in some degree, the round form. This suggests clearly the practicability of shutting up this opening, provided any living structure can be withdrawn from some other point, and made to adhere to the surface of the opening. And having formed a stopper, as already described, its chances for adhesion would be much increased by closing the skin from either side of the flap, over it. This healing by the first intention, will secure the stopper in its place, and if it should so happen that the internal surface did not heal by the first intention, secured by the sutures, they will adhere by granulation. It may be objected to this method, that the cuticle and hair found on the flap, will interrupt the healing of the parts. I expected some difficulty from this source, and had thoughts of removing the cuticle by an escharotic, but concluded trying what nature would do in such a case. It is a law pretty strongly bearing on our structures to a certain extent, that parts that are useless are removed by absorption, and it would seem that neither hair nor true cuticle can be formed on parts secluded from the contact of common atmospherical air. In the present case, I believe they would both be absorbed. My case, however, did not afford me the necessary opportunity of deciding this point. Being without assistance, the sutures were not so well secured as I wished, and, indeed, I was much disappointed in the behaviour of my patient; her deportment was very different from that in the first operation. Vomiting and restlessness were troublesome for a day or two, and the outer skin did not heal in its whole extent by the first intention. Still it healed in considerable part, and the flap contracted into a hard knob over the aperture, and thus was it closed, so as to prevent return, to the best of my knowledge. The additional pain attending this operation is trifling, as the incisions for the flap will answer very well for an external incision, provided we make

the flap a little obliquely across the hernial tumour.

#### SECOND CASE, AND OPERATION.

The fact noticed in my first operation, and which is frequently witnessed by surgeons, of the protruded parts growing to the surface of the aperture, gives a strong reason for believing that any living structure, confined here without any undue pressure, would become fastened. Besides, the skin which is brought over to press on the flap, after it is introduced into the aperture, will tend strongly to give the flap the effect of a stopper, until adhesion shall have taken place. But a stronger inducement has lately presented itself in my practice, for this operation, than any yet offered. I was called lately by my friend, Dr. Amos, to see a case of strangulated hernia, in a woman upwards of forty. The strangulation had existed several days, and as the patient had great fears of an operation, she resisted the doctor's advice of calling me in, three or four days—the symptoms not being violently urgent, but daily growing worse. Satisfied that every thing had been done by Dr. Amos, the operation, with his concurrence, was proposed, but objected to by the patient till the next day. The usual operation for femoral hernia was performed. The protruded parts were found to be a portion of the side of small intestine covered by the omentum, which adhered to it, over the whole surface of the tumour. This presented a difficulty in ascertaining the precise nature of the hernial tumour, and required the cautious use of the point of the knife, in cutting through the omentum, before the coat of the intestine could be distinguished. The part of the intestine protruded was so large, and so obviously on the side of the intestine, that I supposed it to be formed out of the cæcocoli. The attachments removed, the stricture divided, the intestine was relieved from risk of stricture by the omentum, which closely embraced it, by running a probe along the whole extent of the tumour, between the intestine and omentum, and cutting the omentum on the probe; the intestine safely lodged in the abdomen, the patient was dressed, with a full persuasion that, as regarded the operation, every thing had been fully and safely accomplished, but the intestine was so livid as to excite much fear of the inflammation which existed. Things went on extremely well till the fourth day, except that the bowels were not freely relieved. On the fourth day the patient became suddenly worse, and strong suspicions were now excited, that the bowels had not been open since the operation, although the nurse had assured us to the contrary. She gradually sunk, and died about the 15th day.

#### Post-mortem Examination.

On examining the body, I found the infamed intestine adhering somewhat to the peritoneum, and this no doubt existed at the time of the operation, as I made some effort to bring down a portion of intestine at the time of operation, but could not succeed. But I also discovered that a portion of the ileum, much distended and thinned, (this intestine was much thinned in its general extent,) had been drawn into a pouch, resembling the bladder of a small animal, to form the hernial tumour; that this weakened intestine, injured as it was by the strangulation, had never recovered its proper form; that the lower end of this sack had been forced slightly into the femoral aperture, which, though not sufficiently compressed to affect its vitality, was prevented from assuming its proper place, as a portion of the intestinal tube. The tube was thus not only prevented from doing its office as such, but its vitality was so much impaired from the inflammation as to prevent recovery. In a word, then, I think this patient would have had a better chance of recovery if the aperture had been stopped, as I have proposed. I believe the end of the little pouch just noticed, was forced into the aperture on the fourth day, in the act of vomiting. This is, at all events, a curious case, and shows that a sort of consecutive strangulation may take place. This I could not suspect in this case; previous to the patient's death I repeatedly examined the wound; there was no tenderness, nor the slightest tumour; on the contrary, it afforded one of those instances, which I have now and then seen, of wounded parts healing by adhesion, without heat, redness, pain, or any discharge whatever.

#### ABSCESS AND DISORGANISATION OF THE BRAIN WITHOUT COMA.

To the Editor of THE LANCET.

SIR,—In answer to the inquiries of a correspondent in the last number of your Journal, I have to observe, that the function of the affected ear was, in the case to which he alludes, from the commencement of the complaint, very much impaired, and more so during the last attack than at any previous period. There was not, at this time, any discharge whatever from the ear.

Yours &c.

W. G. F.

Peckham, April 24, 1879.

## THE LANCET.

London, Saturday, May 3, 1829.

Watson, Embroiderer and Secretary to the Old Hags of Rhubarb Hall, has published a letter for the avowed purpose of "contradicting, in the most unqualified manner, a mis-statement contained in *THE LANCET* of the 18th inst.;" and he has extracted from *THE LANCET* the following passage, as containing the mis-statement (query statements, WATSON?) in question. Several of the lines he has printed in *italics*, to show, we suppose, that those portions of our article are the most inaccurate and objectionable. "The mis-statement-I allude to," says WATSON, "is as follows:—The whole scheme of examination at Rhubarb Hall is well adapted to the powers of the Examiners, seeing that it is made to depend on the inspection of certificates, and the verification of dates; *but the grand test of qualification is that whereby it is ascertained, that no part of the candidate's extra-official knowledge has been acquired during the five years which must be exclusively devoted to the services of the shop.* No degree of knowledge, no amount of professional acquisitions, will avail the applicant for a licence at RHUBARB HALL. On the knowledge or professional acquisition of the candidate, the worshipful examiners do not, for the best of reasons, undertake to deliver any opinion. What they require is, the production of certificates, showing that the candidate has attended certain courses of lectures: *but if the date of these certificates happen to fall within the five years required to be consumed in the drudgery of a shop—this is a fatal objection to the candidate's admissibility*, and he is rejected as incompetent to discharge the duties of a medical practitioner. In vain may the candidate allege, that he is ready to undergo the most searching examination: it is useless,

say the Worshipful Tradesmen, to urge your pretensions; *we can only examine your certificates, and your certificates are dated at a time when your whole attention should have been devoted to the services of the shop.*"—*LANCET*, No. 294, page 82.

And now for the embroiderer's "unqualified contradiction." "The Court of Examiners, I assert, have never, from the very first day on which the Court was formed, to the present hour, refused to admit any candidate to an examination, because he had attended any part, or the whole of the required lectures during the period of his five years' apprenticeship; nor have they ever had, at any time, any intention of making a regulation to that effect. The Court of Examiners are fully sensible of the great benefit which medical students derive from attendance on lectures during their apprenticeship; and they have, on this account, given their countenance and support to the medical schools which have, within a short period, been established in Manchester, Liverpool, Birmingham, Bath, Bristol, Leeds, and Sheffield. The records of the Court contain ample testimony, that more than two-thirds of the persons examined did attend available courses of lectures during their apprenticeship; and the book in which the names of the rejected persons, and the reasons for their rejection, are registered, proves that no candidate has been refused a certificate on any other ground, than a deficiency of knowledge and of professional acquirements."

The members of the Court of Examiners are evidently much annoyed at our observations on their incompetency, and still more so at the exposure of some of the peculiarities of their system. But it was to have been expected, that the Hags of the Cauldron would have had more discretion, notwithstanding their fury, than to have directed their imp to put forth such an "unqualified contradiction;" which, all things considered, is surpassingly foolish, false,

and impudent. That the worshipful Company of Apothecaries would endeavour to uphold the public delusion under which they now suffer, by contradicting any statements that from time to time may appear in the pages of this Journal, we can readily believe; but, that they should take pains to contradict themselves, and to prove that they are the greatest asses in existence, or something worse, is almost beyond human credulity. Let the reader carefully peruse the following passages from the Worshipful Examiners' last regulations, which will be found in No. 269 of this Journal; when he has done so, let him contrast them with the "unqualified contradiction" of JOHN WATSON, and then let him pronounce his opinion on the character and tactics of at least one portion of our infamous and corrupt calumniators.

"Every candidate for a certificate will be required to produce TESTIMONIALS of having served an apprenticeship of not less than five years to an apothecary.

N.B.—Articles of apprenticeship, where such are in existence, will be required; but in case such articles shall have been lost, it is expected that the candidate shall bring forward very strong testimony to prove that that he has served such an apprenticeship as the act of Parliament directs.

He will also be required to produce certificates of having attended not less than

Two courses of lectures on Chemistry,

Two courses of lectures on Materia Medica and Botany;

Two courses of lectures on Anatomy and Physiology;

Two courses of Anatomical Demonstrations;

Two courses of lectures on the Theory and Practice of Medicine; these last to be attended subsequently to one course of lectures on Materia Medica, Chemistry, and Anatomy.

N.B.—No testimonial of attendance on lectures on the Principles and Practice of Medicine, delivered in London, or within seven miles thereof, will render a candidate eligible for examination, unless such lectures were given, and the testimonials signed, by a *Fellow, Candidate, or Licentiate*, of the Royal College of Physicians.

And a certificate of attendance for six months, at least, on the physicians' practice of some public hospital or infirmary, (con-

taining not less than *sixty beds*;) or for nine months at a dispensary; such attendance to commence *subsequently* to the termination of the first course of lectures on the Principles and Practice of Medicine.

N.B.—Physicians' pupils, who intend to present themselves for examination, must appear *personally* at the beadle's office, in this hall, and bring with them the tickets, authorising their attendance on such practice, as the commencement thereof will be dated from the time of such *personal appearance*.

The regulations relating to the ORDER of succession, in which the lectures on the practice of medicine, and the physicians' practice of an hospital, or dispensary, are to be attended, are designed to apply to those students only who commenced their attendance on lectures, on or after the 1st of February, 1828; and all such persons are particularly requested to take notice, that unless they shall have STRICTLY COMPLIED with such order of succession, they will not be ADMITTED to an examination."

Such are the published regulations of the Worshipful Company of Apothecaries! And to complete the picture of deception and contradiction, they are signed by the ingenious author of the "unqualified refutation," the doughty JOHN WATSON, Secretary!

As many of our readers may be somewhat incredulous on this point, and may wish to see the extraordinary document from which the foregoing regulations have been taken, it shall be left at our Office in the Strand; until next week, when we shall resume the subject.

## GUY'S HOSPITAL.

A SUBSCRIPTION was some time ago set on foot amongst the pupils of this hospital, for the purpose of presenting Mr. BAILEY COOPER with some token to commemorate his triumph at the late trial. After great exertions on the part of the collector, nine shillings and fourpence halfpenny were obtained. With this sum the treasurer purchased a pewter urn, which was presented to the operator on Monday last, in the

theatre of this Institution. The following is said to be the inscription:—

THIS TUN IS PRESENTED TO  
R. M. COOPER, ESQ.  
IN COMMEMORATION OF  
HIS OPERATION OF LITHOTOMY,  
PERFORMED ON THE BODY OF ONE  
STEPHEN POLLARD,  
WHOSE ASHES IT CONTAINS;  
BY HIS AFFECTIONATE AND DISCERNING  
PUPILS.

### WESTMINSTER MEDICAL SOCIETY.

April 25, 1829.

[The last Meeting of the present Session.]

Dr. A. T. Thomson in the Chair.

EXPERIMENTS ON THE ACETATE OF LEAD  
AS A SEDATIVE MEDICINE—COLICA PICTO-  
NOM—EAST INDIA AND ENGLISH  
OPIUM—CHAIRMAN'S ADDRESS.

On the confirmation of the minutes,

Dr. GORDON SMITH made some remarks on the reports of the last evening. An impression had gone forth on the subject of the disease for which the corrosive sublimate in Mr. Ward's cases had been employed, for which, as he had been in some measure connected with it, he said he should be sorry if there were any just grounds. This error he was desirous of correcting, and now explained that it was psora which had been mentioned, and not syphilis.\*

Mr. LAIDLAW then rose, and proceeded to read a paper on the internal exhibition of the acetate of lead, with a view of determining to what extent it might be safely exhibited in the cure of disease, especially in cases of hemorrhage. Very opposite opinions, he observed, had been entertained as to the propriety of the internal administration of this medicine, some persons regarding it as dangerous in the highest degree, others considering it a justifiable and valuable remedy. There could be no doubt that

the impression to which Dr. Smith alluded could not have arisen from the report in THE LANCET, as it did not connect Dr. Smith's name with the disease in question. A reference to the report will show this, and that the disease itself was only conjecturally stated. The name was not distinctly heard, and the cases were given from memory.

its incautious use was injurious; and the investigations of Sir George Baker had put it beyond doubt, that the noted colica pictonoma was the effect of the gradual introduction of this salt into the system. It was this, perhaps, which had created so much prejudice against it as a medicine, though it was no proof that its judicious use might not effect salutary results. Agreeing then with those who considered the acetate of lead as a valuable remedy when exhibited with care and caution, Mr. Laidlaw proceeded to examine in what the judicious use of it consisted. He considered, first, that small doses were neither safe nor judicious; their action was not sufficiently speedy. It was the gradual and insidious introduction that produced paralysis and convulsions, and more usually colica pictonoma. In animals, the exhibition of small quantities produced no sensible effects. Orfila injected from one to three grains of the acetate of lead into the jugular veins of middle-sized dogs without injury; he gave them internally a drachm and a half in the solid form, and a whole ounce in solution. The only effect was one which, from the known effects of the salt, could not have been anticipated, that of vomiting. This result, perhaps, prevented the true effects from being developed; he looked, therefore, farther for evidence on the subject. He had often seen it administered at the Western Dispensary by Dr. Davies, in cases of uterine hemorrhage, in doses of two grains, combined with opium, every third or fourth hour, to be continued until relief or injury resulted. He had himself administered it to the extent of forty grains in four days without deleterious symptoms; though, in these cases, if rest and quiet could have been obtained, half the quantity might have sufficed. But there were cases in which it must either be pushed beyond forty grains, or abandoned in despair. The question then became, is it justifiable to proceed farther, without a knowledge of what the ultimate consequences might be? Influenced by a strong desire to arrive at the truth, and hesitating to use it upon others, he determined upon trying an experiment upon himself, and prepared the following prescription: one drachm of acetate of lead, eight grains of opium, one drachm of extract of gentian, and a sufficient quantity of dilute acetic acid, to make into eighteen pills, of which three, containing ten grains, were to be taken daily, until the occurrence of restraining circumstances. He commenced Sept. 12, 1827. The health was then perfect. No deviation occurred until the 14th. The pulse became, then, somewhat slower; a metallic taste in the mouth; gripes, which were ultimately referrible to the lower portion of the colon, insupportably intense

The last two pills (seven grains) were taken on the 16th, within two hours of each other. No unpleasant effects from that circumstance. The pulse in bed 60, and indistinct; after exercise 64, but more distinct; metallic taste stronger; gums tender; bowels constipated. A larger dose was now tried, ten grains at once; immediately after, slight pain of the stomach and nausea; pulse 58, and weak; disturbing dreams; pulse in bed 50, and hardly perceptible; weakness at the knees; urine high-coloured and diminished; bowels not moved since commencing. Early on the 18th awoke with severe pain of stomach; vomiting hardly suppressed; three drachms of sulphate of magnesia in solution were taken; the pain instantly relieved. Slept again. At seven the pain had wholly left. To decompose the salt entirely, he took three drachms more of the sulphate; the pulse rose ten degrees; weakness gone; urine more free, dark, and sweet. In a few days he perfectly recovered. On the subject of this experiment, he had to observe that the sensations upon which he was induced to stop it, were not the characteristic effects of the salt, were not colica pictonum, but were unequivocally gastrodynia, the result of the excess of the last dose; not its specific effect, but its styptic quality. Its operation was much like that of sour fruit. The decomposition of the salt proved this. Colica pictonum required weeks sometimes to remove it, but the removal of the pain in this case was instantaneous. Not satisfied with the results, he ultimately resolved to make another experiment, but with more care to bring out the results. A like prescription, without opium, was made up, and commenced on the 10th of October. Similar effects up to the 12th, when the result of opening the bowels was tried. Rhubarb and jalap; action moderate, the symptoms diminished. 15th. Unpleasant tightness in the breast increased by exercise; metallic taste strong and bitter; gums tender; constriction of the throat; gripes; pulse 52; after exercise 83, urine high; constipation; much debility; no nausea. The pills being gone, a like quantity was made up again. (The speaker was here interrupted by Mr. North, who stated that he believed there was a law which limited the duration of papers, and of this he begged to remind the Chairman. The Chairman considered that a farther indulgence might be granted, and Mr. Laidlaw stated he was near the close of the experiment. The paper was then continued, but the whole of it was not read. Mr. Laidlaw, however, having concluded his views on the subject in the course of the debate which ensued, we subjoin an outline of the whole in connexion. The account of the experiment continued.)

On the 17th, all the symptoms became so severe, that the experiment was stopped. 18th. Ptyalism ensued; numbness of the extremities increased by usage; the sulphate of magnesia dispelled all the symptoms, except the ptyalism, by the 15th day; the latter continued for weeks. Seventy-eight grains had now been taken in eight days, without indications of colica pictonum, which he (Mr. Laidlaw) consequently believed was not so frequently or readily produced by the acetate of lead, as was often supposed. The occurrence of gripes did not militate against this. They occurred on too small a quantity. The sensations produced were rather the result of irritation produced by the passing of the salt along the intestinal canal. The gripes were, so to speak, a local rather than a constitutional affection. Colica pictonum seemed to be produced by the general diffusion of the metal through the system.

The results most worthy of observation in these experiments were, he thought, first, the effect of the salt on the circulation; the pulse was exceedingly depressed. The same result was observed in four of the six cases of colica pictonum quoted by Orfila from Merat's Dissertation; and he was induced to think, that when death from that complaint resulted, it was owing to exhaustion, produced by the sedative qualities of the acetate. It was on a due knowledge of its powers in this respect, that a judicious use of it might render it of great value in hemorrhages. For this reason rest and quiet were of importance, for gentle exercise would raise the pulse five and ten degrees; the salt then should accumulate in the system, the effect of aperients was to prevent it. The experiments proved, that they ought not to be employed till the malady is checked. As the depression of the circulation was gradual, he thought it was produced by absorption. With these remarks on the sedative effects of the salt, and on some experiments of Orfila by injection, Mr. Laidlaw observed upon its local effects; one of these was upon the lungs. He attributed this to its astringent qualities upon the substance of that organ, for a full inspiration and exercise increased the uneasiness. The post-mortem examinations by Orfila also, in some measure, corroborated this conclusion, as did the fact, that hemorrhage of the lungs, stomach, and uterus could be successfully suppressed by the acetate. A third effect which he wished to notice was, the influence of the acetate on the salivary glands; the gums and saliva, especially in the second experiment, were much affected. His patients, however, had not been affected to the same extent; it was greatest in those who had taken most; yet, when the bowels were not confined, no ac-

livation could be produced. He had met with no other instances of similar pytalism. In Mercat's cases there was a bitter taste in the mouth, but these were not sufficiently explicit on this head to allow him to draw a positive conclusion. The same causes which retarded that symptom in mercury, possibly prevented it in these cases. Gradual exhibitions of the salt did not seem to produce salivation, but rapid and regular ones did.

The result of his experience on the qualities of this medicine led him finally to believe, that it was an invaluable remedy in all diseases requiring sedative remedies, in hæmorrhages of every kind, and in all cases of increased secretions, which required medical interference; with proper care in other respects, he could say, that it would prove to have the most powerful command over them. Some attention was necessary as to the form in which it was given, for there were certain diseases in which the practitioner would readily see that the solid form would be the most plausible; in others, that might be readily distinguished, the fluid form, in which also smaller quantities would be the most proper. As he did not, however, wish to intrude too long on the Society, he should leave the subject of the qualities of the salt in the hands of the members, and should be glad of their opinions upon it.

Dr. GORDON SMITH said, he had been on the alert some little time, to discharge the debt of gratitude which he and the members owed to Mr. Laidlaw, for his valuable communication; and he believed that most important changes would ensue in the toxicology of poisons, upon experiments pursued with such distinguishing marks as these. When he considered the originality and the boldness with which they were pursued, he had to congratulate Mr. Laidlaw that he was now standing on his legs, and in a condition to answer a question which he wished to put to him. Did Mr. Laidlaw say, that when he found the effects of the medicine too powerful, he took sulphate of magnesia as a chemical antidote? If so, he must confess that it was a piece of news to him, that the sulphate of magnesia will act on any salt to decompose it. Perhaps from the paper having been cut short, he had lost the benefit of subsequent experiments, which would have made this matter clearer.

Dr. WILKINSON mentioned a case in corroboration of the effects which Mr. Laidlaw had ascribed to the sulphate of magnesia. A man came to a public Dispensary with an ulcerated leg; two drachms of the acetate of lead were ordered in a quart of water, as a lotion, and two ounces of the sulphate of magnesia to be taken, half that night, the rest on the following day. The man left, and

when too late, it was discovered that the directions were such, as would most probably lead him to swallow the whole. Some alarm was excited, but to their great astonishment, the man, a few days after, made his appearance. He was questioned closely; he had drunk acetate, sulphate, and quart of water, got cured of his ulcers, and declared that he never was better in his life. It had purged him well, and nothing more.

Mr. LAIDLAW replied to Dr. Smith, that the most unequivocal decomposition had taken place. He supposed that every body was aware of this effect, and the sulphate and carbonate of soda would have the same effect. Orfila fully recognised this power in the sulphate of magnesia.

Dr. SMITH said, he believed Orfila was a great authority, but that he was often led away by a vivacious imagination. He had his doubts upon this subject; he thought such an effect would not be produced upon the acetate in the body. The stomach was not a Wedgewood mortar, into which any chemical agents might be put with the same impunity within it as without. The vital principle of the stomach would affect the process.

The CHAIRMAN thought Dr. Smith was not borne out in supposing this, because, in most instances, the only antidotes to poison were those which would decompose them. The reason why the acetate of lead was not poisonous was, that it was insoluble in the bowels, and was not taken into the circulation.

Mr. LAIDLAW wished to draw the attention of the members to the effect of the acetate of lead on the salivary glands, with a view to the question, whether its action, that of mercury, and, as reported, that of arsenic, in producing pytalism, did not lead to the conclusion, that all metals, taken to a certain extent, would produce the same effect. He had known a peculiar taste and a tenderness of the gums follow the taking four drachms of carbonate of iron; he thought he had also noticed these effects after the use of the nitrate of silver as a wash for ulcers. In speaking of the metals, he meant their combinations as oxides, &c.

Dr. JOHNSTON thought, that greater apprehension existed as to the effects of the acetate of lead, than was necessary. Dr. Latham said it might be eaten like lump sugar, and had mentioned a case of 70 grains being taken in seven days. He had seen himself 10 grains a-day given for four or five days, in hæmorrhage. Constipation of the bowels was the only bad effect. It might be given largely with opium, with great safety.

A long conversation ensued on the mode in which colica pictonum is produced. The last speaker believed the lead of the paint

arose by evaporation of the turpentine, or other liquid, and was absorbed. The Chairman said, he knew of many instances of that complaint, where no turpentine had been present. The Devonshire colic, he observed, was colica pictorum, but it did not arise from similar causes. Further observations were made by other members till near the close of the evening, when the Chairman craved leave, on the part of Dr. Webster, to exhibit a specimen of East India opium.

Dr. WEBSTER stated, it had been sent to him by Dr. ADAM, the Secretary to the Medical and Physical Society of Calcutta, as a specimen of very pure opium, packed in a small box between plates of mica. It was considered as superior to any Turkey opium. His own experience of it was, that it was equal to the best. He was sorry to say, Dr. Adam had not sent him the price at which it could be sold, as it was a great object, if it could be obtained from our colony, we should have it thence, rather, as Dr. Smith observed, than that we should go to the rascally Turks. The manufacture of English opium was adverted to, which, it was stated, yielded more morphia than the Turkey, but required a very great expense to produce it.

At the close of the discussion, the Chairman begged the attention of the members for a short time, and addressed them in the following words:—

As this is the last evening of the session, I will take the opportunity, before we separate, of addressing a few words to you on the great utility of this Society, and I wish it was in my power to express to their full extent the feelings with which I regard it. It is impossible for any person to attend these Meetings, and witness the freedom of discussion which distinguishes them, without being aware of its great importance, and of the advantages its existence presents to the profession. I reflect on this with the greater pleasure from the fact of this having been the first Medical Society in the metropolis, which permitted free communication during its Meetings amongst its Members. Most of the Societies in London were founded on the model of the Royal Society, in which papers were read, but no discussions permitted upon them. It was the Westminster Medical Society which set a better example, and there is now scarcely a society in London, in which free discussion is not allowed. There is another thing connected with this Society, to which it gives me sincere pleasure to be able to allude, that of its having first conceived the bill,\* now,

\* We advise Dr. A. T. Thomson to look back into the pages of THE LANCET. The Westminster Society, indeed, the cause of

however, withdrawn for a short time, which has been brought before Parliament for the regulation of anatomical dissections. It was here the first impulse was given to that bill, and, I may not only say this, but I may add, that it is owing to this Society that it has been carried forward to the point at which it now rests; the public, I think, is much indebted to it for what has been done. As to the proceedings of the Society during the session, I have one thing to say, feeling my own delinquencies at the same time most fully; I have to regret extremely, that so much disappointment has been occasioned in the reading of papers to the Society, (*Hear, hear,*) and I do think I am bound to say, though I am one of their number, that the Committee have not done their duty during the present session. Nothing can be more distressing to the Chairman, than to preside over that which has more the appearance of being a Quaker's meeting, than of the meeting of a learned and scientific body. I do not think it is creditable to the Members to draw gentlemen here as visitors, with a view to their obtaining information upon medical subjects, information which they know from the character of the Society, they can obtain if the Members choose, and then to suffer them to go away disappointed, as they repeatedly have done. I am very sorry to be compelled to make remarks, but it is due to truth that I should do so, and it is an objection which I cannot help making, to the internal regulation of the Society. I have no doubt, however, impressed as I am sure we all are, with the great importance of the Society, that we shall meet on the next session, determined to do justice to its objects. For myself, I beg to offer you my sincere thanks for the kindness which has invariably been extended to me in my duties, and the way my deficiencies in presiding have been met. If at any time I have stated my opinions in too strong a manner, or have expressed myself warmly and irritably, I hope it will be regarded with indulgence, and altogether be forgotten. When we assemble again, nothing shall prevent me from endeavouring to do my duty to the Society, and I pray to God I may be able to perform it, for I am sure that our exertions are likely to be followed by the greatest possible benefit.

the Parliamentary proceedings on the question of Anatomy! Why, the Society itself owes its existence to the notice it has received in the pages of this Journal. Take this fact, Mr. Professor, it is in our power to prove, that previously to the publication of the reports of the discussions, the meetings frequently did not consist of *six persons*. Away, then, with the humbug cant and lies about hostility to the practice of REPORTING.—ED. L.

## LONDON MEDICAL SOCIETY.

April 27, 1829.

Mr. CALLAWAY, President, in the Chair.

## VITALITY OF THE BLOOD—SEMI-LUNAR VALVES OF THE AORTA DISCLOSED IN AN UNUSUAL MANNER.

The question of the vitality of the blood was this evening disposed of.

Mr. BRIANT introduced the subject, with a review of some of the remarks which had been made on the last evening, and expressed his opinion that the argument of Mr. B. Cooper, that the coagulation of the blood when abstracted was a proof of its vitality, was exceedingly just. The opinions of Hunter also confirmed his views. He considered the fact, that the blood of the higher order of animals possessed more fibrin than that of the lower, spoke volumes in support of its vitality. To him the various phenomena of the blood were inexplicable on any other grounds. No chemical law would explain the contractile power of fibrin. He was anxious that Dr. Whiting should express himself farther on the subject.

Dr. EWINS was of opinion, that the very admission of the argument involved an absurdity; he objected, *in limine*, to the discussion of it; it was a most illogical and absurd one. When Hunter entered upon it, he talked poetry rather than philosophy. The very language which Hunter used in his chief argument, the coagulation, proved to his (Dr. Ewins') mind that he was justified in this opinion. The blood, said Hunter, coagulated "by a stimulus of necessity." Here was an admission of the very objection he had to propose. But reasoning of this kind was the substitution of a sort of poetical abstraction, in place of the language and precision of science. It had been argued, that the evidence of the life of the blood was in the fibrin. This involved a question as ridiculous as that of the actual seat of the soul; and it was as reasonable to point out the pineal gland as the place of the one, as of the fibrin being the place of the other. Then the circulation of the blood was adduced as another proof. Why not adduce the passage of the urine through the ureters as evidence of vitality in the urine, and treat all the secretions in the same manner. In short, the whole argument was absurd. It was dealing with ideal existences, not things and substances; we were guilty of logomachy in discussing it, and to say the very best of it, it was a mere question of words.

Dr. WILLIAMS wished to know where

gentlemen would allow the vitality of the blood to commence. He supposed they did not know that Hunter contended that the chyle itself possessed the elements of vitality.

Mr. BRIANT did not see why the life should not commence as soon as the fluid had undergone the action of the gastric liquor.

Dr. WHITING. No science demanded a reliance upon facts, and an avoidance of conjecture, more imperatively than medicine; but there were instances in which the mind of John Hunter, great as were its powers, had failed in grasping this truth, and this was one of them. He had here flown from his true basis, and built castles in the air. If there were life in the blood, his experiments had not proved it. Nor had he heard a single proof adduced by the gentlemen who had addressed the chair. One argument had been, that during the disease the blood changed, and its vitality lessened. Why all the secretions of the body would change in disease. He took this fact, if it proved any thing, as evidence that the blood did not possess life. Mark how absurd was the doctrine. The vitality was in the fibrin, yet there were many diseases in which the fibrin was nine times greater than it was in health. These diseases were not diseases accompanied by enormous vigour. The contrary was, in most of them, the fact; and the increase of fibrin was intimately associated with the increase of debility. What would be said to the facts in purpura hemorrhagica. Here was the extreme of exhaustion, loss of muscular power, and anæmia; yet the fibrin was intense. A patient labouring under inflammation might be bled to syncope, and there would be more fibrin than in health. He had bled two healthy persons, one a strong man, the other weaker. The weaker had the most fibrin. But after all, the circulation of fibrin had not yet been proved, and, for his own part, he believed it to be a mere conjecture; it was intimately mixed, and one fluid with the serum. How came it, also, that the separation of the fibrin would as readily occur seven days after abstraction, as immediately. Was it to be argued that the life existed a week? Altogether, the phenomena of the fibrin were of the most variable kind; so much so, that he had long made up his mind that the appearance of the buff of blood ought never to be any guide to the medical man, in the treatment of inflammatory disease.

Dr. RAMADON thought no argument could be founded on the vitality of one particular portion of the blood, but that the vitality must be ascribed to the whole of it. The blood was not the only coagulable fluid in the body. In a case of hydrothorax, he had

abstracted a fluid from the chest, which coagulated within ten minutes. He agreed that business of blood ought to be no guide. The non-vitality of the blood, however, was, he thought, a dangerous doctrine.

Mr. GASTVILLE JONES thought, that the premises in this question had not been well laid down. The distinct meaning of the vitality of the blood ought to have been first settled. It was useless to refer to what Hunter had said upon the subject, for he had not defined what he meant by vitality himself. By vitality he (Mr. Jones) understood, that principle which neither the laws of mechanics nor chemistry would explain. What parts of the body were there, then, the phenomena of which were inexplicable by these laws? There were three—the contractile power of the muscles, the directive and sensitive powers of the nerves, and the power of the vessels to imbibe fluids and change them into dissimilar substances. With either of these the blood did not class, and he did not, therefore, consider it to be vital; there was nothing like organisation in it; vessels could pass through, but they never arose out of it. As to the changes which took place in the blood after its abstraction, the arguments which were founded on them must fall to the ground, for they were of too delicate a nature to be properly investigated. The whole question was grounded upon assumptions. That which could not be proved, ought not to be assumed.

Mr. BRANSBY COOPER now explained, that he was in reality of the same opinion with Dr. Whiting, and those who argued on the same side with him. Not that he was a convert to their views; before entering on the discussion on the last evening, his opinions were decisive on the subject. He had merely argued, not with a view to idle disputation, but, by opposing the views of Dr. Whiting, to give that gentleman a basis for his arguments. After this explanation, he (Mr. Cooper) expressed himself most strongly against the vitality of the blood, and concluded by saying, that it was the opinion which every thinking man must come to at last.

Dr. RAMADGE exhibited a specimen of diseased heart presenting appearances which he believed had not hitherto been observed. The patient from whom it had been taken, was 50 years of age, and had come under his care about three months before his death, complaining of cough, difficulty of breathing, palpitations of the heart, and inability to lie long on either side. He applied his ear and hand to the chest, and recognised the *bruit de soufflet*, or bellows sound, described by Laënnec, by the strong impulses of the left ventricle, and by the heart's

action being audible over the whole chest. These signs indicated an obstruction in the passage of blood into the aorta, an increase in the peristalsis of the left ventricle, and an enlarged state of the heart. The symptoms first came on about seven months since. By his (Dr. Ramadge's) directions, he was bled four times, and had six leeches applied to the region of the heart several times. These afforded great relief, as he could not lie down before they were put on. He showed the patient to his pupils, of whom fifty or sixty saw him, and a fortnight previous to his death, which happened a week ago, he explained to them that it was a case in which there existed a contraction of the aortic opening, produced by diseased semilunar valves, hypertrophy of the left ventricle, with dilatation of this chamber and other parts of the heart. Of this he was well aware from the time he first saw the man, and dissection proved the correctness of the diagnosis. Two of the semilunar valves were formed into one, by the neighbouring horns, or extremities, of two valves, where they united to be attached to the lining membranes of the aorta, being much elongated. The elongated part was filled with much bony substance, which made the large valve thus found, constantly project into the area of the root of the aorta, thus causing a permanent obstacle to the free passage of blood, from the left side of the heart.

Mr. B. COOPER said he did not think the two valves could have performed the office of one.

Dr. RAMADGE stated that he had three specimens of two valves being thrown into one, which ultimately led to the death of the individuals. In the present case, though there were great dilatation and thickening of the left auricle, the double action of the heart was inaudible, as the bound of the muscles was marked by the *bruit de soufflet*.

The PRESIDENT wished to know whether the pulse differed much from that in ossification of the heart?

Dr. RAMADGE said it was strong and full, and about 70.

#### MR. WALLER'S OBSTETRIC PRIZE.

THE examination for Mr. Waller's Obstetric Prize, consisting of a handsome set of transfusion instruments, contained in a mahogany case, bearing a suitable inscription, took place in the Medical Theatre, Aldersgate Street, April 23d. The Lecturer was the Examiner, and Dr. Roberts, and Messrs. Doubleday and Watson attended for the purpose of assisting in the decision. After a rigid examination into the principal practical parts connected with the obstetric art, the prize was awarded to Mr. Henry Alford.

## ANNIVERSARY DINNER OF THE VETERINARY SURGEONS.

On Wednesday, April 22, the first Anniversary Dinner of the Veterinary Surgeons was celebrated at the Freemasons' Tavern. The Meeting was numerous and highly respectable. Professor COLEMAN was unanimously called to the Chair. It was expected, that on this occasion some measures would be proposed with the view of liberating the practitioners of the veterinary art from the thralldom under which they feel they have long been labouring, and the indignity they have been suffering from their College. The cause of complaint was, that the veterinary surgeon is not allowed to be a subscriber to the College; that he is not allowed to form part of the Examining Committee, (that body being composed of *medical* men;) and that the student is permitted to pass his examination at too early an age, and after having been too short a period engaged in the study of the science.

After the cloth was withdrawn, and several loyal toasts drunk, the Professor, in a neat and conciliatory speech, suggested the propriety of the body of practitioners petitioning the Medical Committee, and also the governors of the College, to allow a certain number of veterinary surgeons either to be introduced into the Examining Committee, or to form a separate Committee of themselves: the latter he particularly recommended, as he thought it highly probable, from what had already taken place, that the existing Committee would recommend the governors to consent to it. Lest, however, the discussions that might arise upon this subject, should in any way break in upon the conviviality of the evening, he thought it would be advisable to postpone further observations upon it, until some future occasion. It was then agreed, that on the Monday following, at seven o'clock, P.M., a general meeting of the practitioners should take place at the same house, to take the affair fully into consideration.

Accordingly, on Monday, April 26, the General Meeting took place, Professor Coleman in the Chair. The Meeting was numerous, and, after many observations, occupying no less than five hours, the Meeting came to the following resolutions:—

That some alteration in the College administration is necessary.

That it is more expedient to have a separate Examining Committee, consisting of six veterinary surgeons, exclusive of the Professor and Assistant Professor, than that three veterinary surgeons should be admitted to form part of the Examining Medical Committee.

That a memorial be presented to the Ex-

amining Medical Committee, requesting them to use their influence with the Governors, to permit the formation of such separate Committee.

That a memorial be presented to the Governors, entreating them to sanction the formation of such separate Committee.

That the members of such separate Committee be practitioners in London and its environs, and that they be chosen by the body of veterinary surgeons in England.

That a Committee, consisting of nine of the members present, be elected by ballot, to draw up the memorials, and manage the further proceedings.

And that the thanks of the Meeting be given to Professor Coleman, for his able conduct in the Chair, and that the Meeting be dissolved.

## HOTEL-DIEU DE PARIS.

EXTIRPATION OF A MELANOTIC TUMOUR  
BEHIND THE ANGLE OF THE LOWER JAW.—  
M. DUPUYTREN'S REMARKS.

C. B., a married woman, 24 years of age, was, at the beginning of February, admitted into the Hospital. Having previously been in the constant enjoyment of good health, she had, sixteen months before her admission, observed a small indolent tumour behind the angle of the right lower jaw, which caused no pain, and increased so very slowly that, in the middle of September, it had not become larger than a filbert; from this period, however, it grew more rapidly, and was accompanied by violent lancinating pain over the right side of the head and face, so that the patient finding, at last, her general health to suffer from the local affliction, applied for surgical aid at the Hospital. The tumour was of the size of a large fist, and of an uneven surface; posteriorly, it pressed on the sterno-cleido-mastoid muscle; anteriorly, it extended to the larynx; upwards it was covered by the angle of the lower jaw; it seemed not to be very deep-seated, and did not project into the cavity of the mouth; the skin was perfectly healthy, and moveable over the tumour, the upper part of which was moveable, and exhibited an obscure fluctuation.

M. Dupuytren considered the disease to be of scrofulous origin, and extirpation as the only means of arresting its further progress; the success of the operation, he observed, was, however, very doubtful, and depended entirely upon the roots of the tumour being more or less deep-seated, which it was impossible to determine beforehand. The patient was for some days submitted to a preparatory treatment, and

had an incision made on the right arm. The operation was performed on the 6th of February, in the following manner: a semi-elliptical incision, with its concavity directed posteriorly, was made on the anterior portion of the tumour, and the skin dissected over it; the tumour was then detached from the surrounding parts, much more easily than M. Dupuytren had expected, the tumour being attached by cellular tissue only. Very little blood was lost during the operation, and no ligature was required. According to M. Dupuytren's method, the wound was not dressed till two hours after the operation; when a simple agglutinous bandage was placed over it.

The tumour was of the size of a turkey's egg, of uneven, tuberculated appearance, and very dark-coloured; on cutting into it, it did not offer much resistance; the tissue was very firm and elastic, and bore a striking similarity to the structure of a truffle; on pressing it a blackish liquid oozed out, the colour of which was not destroyed by chlorine.

After the operation, no unfavourable symptom ensued; cicatrization very speedily began, and was nearly completed on the 28th of February.

The difficulties which are met with, in the various morbid growths behind the angle of the lower jaw, are, according to M. Dupuytren, so very considerable, that this operation ought never to be performed, without very clear conviction, on the part of the surgeon, as to its necessity. The neighbourhood of the carotids, and the danger of wounding them or their immediate branches, will, in cases of deep-seated tumour, be best avoided by the previous ligation of the trunks; the lesion of large veins, and the introduction of atmospheric air into them, is still more dangerous, and not unfrequently occasions sudden death, as M. Dupuytren has himself once witnessed. The division of the pneumo-gastric nerve, and the subsequent inflammation of the surrounding parts, and not unfrequently of the brain and its membranes, and the impossibility of completely extirpating the deep-seated roots of the morbid growth, often render the operation perilous or its success imperfect. The nature of the tumour is of much greater importance, as to the result of the operation, than its size; and M. Dupuytren said, that he had extirpated a great many tumours of such considerable size as to displace even the more deep-seated parts, the tongue, pharynx, and tongue, in some cases, all the soft parts were pushed towards the sides of the tumour, which lay only between the skin and the mucous lining of the mouth, and yet the operation had been followed by complete success. As to the more or less deep-seated roots of the tumour, M. Dupuy-

tren cautions the practitioner against considering the degree of mobility, as sufficient to determine this point; and, consequently, the danger of the operation. In cases of carcinomatous or melanotic tumours, the operation, according to M. Dupuytren's numerous observations, is generally unsuccessful, on account of the reappearance of the morbid growth, within a very short time; and he confesses that if, in the above case, he had had reason to suspect the nature of the disease, he would have given up all idea of an operation.—*Revue Médicale.*

#### MALFORMATION OF THE RIGHT LEG—AMPUTATION, FOLLOWED BY DEATH.

A young healthy man, of twenty years, applied to the Hôtel-Dieu, on account of his right leg being malformed in the following manner:—the tibia and fibula were, at their lower portion, bent inwards, so that the foot was directed interiorly, and the sole turned upwards; the parts in question were much smaller than those of the opposite side, atrophic, and without any muscular power, the different length of both limbs rendered walking, even with crutches, exceedingly difficult, and the patient earnestly wished to have the right leg amputated. He had enjoyed good health up to his eighteenth year, when he was affected with pneumonia, subsequently to which he had occasionally suffered from hæmoptysis. At the time of his admission, he appeared to be perfectly well.

It was only in consequence of the most eager solicitations on the part of the patient, and not before he had been made fully acquainted with the danger of such an operation, that M. Dupuytren at last undertook to perform it. The patient bore it with great courage; the bleeding was very slight, and only two arteries were tied. For some days after the operation, the patient went on very favourably; he complained of violent pain in the wound, but was instantly relieved by loosening the bandage; the fever was slight, his spirits very good, &c. On the 23d of January, (seven days after the operation,) the dressing being removed for the first time, the wound was found almost completely united; its internal angle only produced a small quantity of healthy pus; the stump and the knee were slightly swollen; the general state of the patient was satisfactory. On the 25th, he complained of violent pain in the stump, which, as well as the knee, were much swollen and red; and he was several times seized with shivering. An emollient poultice was applied over the knee. On the 26th, the redness and swelling of the knee having augmented, a blister, and on the 27th, the erysipelatous inflammation having still increased, fifteen leeches were applied to the knee; the patient had

frequent attacks of shivering, and his respiration became in some degree laboured. He was bled to sixteen ounces, by which the swelling of the knee, and the affection of the chest, were considerably lessened; percussion on the chest, gave a dull sound; the wound still suppurated, and secreted a grayish, unhealthy-looking pus. On the 30th, the patient was evidently sinking; his countenance was icteric, the eyes collapsed, &c., and he died on the morning of the 1st of February. On examination, the left side of the chest was found to contain about six ounces of a sero-purulent fluid; the right lung was partially hepatized, and exhibited a few ulcerous cavities; the abdominal viscera were healthy, with exception of the ileo-colic valve, which was slightly inflamed. The articulation of the right knee was of a yellow colour, but without any traces of inflammation; the tibial artery was filled by a very firm coagulum.

M. Dupuytren remarked, that in those cases of amputation, where the operation is not absolutely necessary, ("*operation de complaisance*,") the prognosis is very unfavourable, and he had, in the above case, actually deviated from his constant rule, which was, never to operate under similar circumstances. In a case where Labatier performed amputation exactly under the same circumstances, the same fatal termination took place. At the time when M. Pelletan was first surgeon to the Hôtel-Dieu, an old man was admitted, who had for a great length of time been subject to chronic ulcers of the leg, which, although but superficial, caused to the patient such inconvenience as to induce him to request M. Pelletan to perform amputation. This eminent surgeon was for a long time unwilling to comply with the patient's request, but at last yielded to his solicitations. The operation was performed with great skill, and a favourable result of the case was already anticipated, when the patient was seized with inflammation of the abdominal viscera, and sunk under it. A few moments before his death, he collected all his strength, and very forcibly reproached M. Pelletan for the weakness he had shown in yielding to his foolish entreaties.—*Ibid.*

## HOTEL-DIEU D'ANGERS.

### EMPHYSEMA OF THE EYELIDS.

MARIE TAVERNAT, stat. 36, of small stature, but very vigorous constitution, received a violent blow on the internal angle of the left orbit, which rendered her insensible for a few minutes. A slight bleeding from the nose occurred, when, after recovering her

senses, she made an effort at blowing it, a considerable emphysematous swelling of the left upper and under eyelid ensued; by repeated attempts to blow the nose the swelling increased, so that at last it was impossible to lift up the upper eyelid. When the patient was admitted into the Hospital, the epistaxis had ceased, but the emphysematous swelling had spread from the eyelids over the forehead, the upper part of the nose, and the cheek; the skin was tense, bright, elastic, and slight pressure produced distinct crepitation; the edges of the eyelids were so prominent as to render every examination of the eye impossible. The colour of the skin was not changed, the pain was very slight, and the general health of the patient scarcely disturbed. Whenever she blew her nose, the swelling of the face increased with violent pain. Under the use of cold fomentations the emphysema gradually subsided, and the patient was perfectly cured within a fortnight, without using any further remedy. The communication between the cavity of the nose and the subcutaneous cellular tissue of the left side of the face seemed, however, to subsist for some time, and on any attempt to blow the nose, the emphysema returned, though but slightly.—*Archives Générales.*

## ST. THOMAS'S HOSPITAL.

### INTERESTING CASE OF INJURY TO THE HIP,

*Sent to the Hospital as an Unreduced Dislocation upon the Dorsum of the Ilium.*

—MURPHY, admitted into Isaac's Ward, No. 26, on the 16th of April. The account sent of him by the medical gentleman who had attended him in the country was, that, on the 6th of March last, a tree fell on him across the loins, whilst sleeping in the act of making his escape. A surgeon was immediately sent for; he then complained of pain in the right hip, and of deadness in the limb, &c. A dislocation of the head of the femur into the ischiatic notch was readily detected, and reduced by the aid of pulleys in seven minutes. The relative length of the legs was not then observed, on account of contraction of the left, from inflammation, at the knee-joint. But about three weeks since, when the patient was directed to leave his bed, it was first remarked that he was unable to move the left leg; and, upon examination, it appeared that there existed a dislocation upon the dorsum of the ilium on this side. The pulleys were therefore applied, and extension obliquely across the other thigh kept up for nearly an hour, during which time about six grains of tartarised antimony were administered, when a

snap, as if of the head of the bone returned into its socket, was distinctly audible to all present, and the patient exclaimed that the bone was in; but when extension was abandoned, the limb returned to its former position. This was repeated two or three times, but always with the same result. The snap, however, was not so evident after the first time. When the limb was at its full extent, it was of the same length as the other; and an indistinct crepitus could be heard, when rotated in that position. Not thinking it proper, therefore, to persevere in the use of the pulley, the medical gentleman wrote a history of the case to Sir Ardey Cooper, requesting his advice. Sir Astley was of opinion, that it was an unreduced dislocation upon the dorsum illi, and, by his recommendation, the patient was bled, put into the warm bath, and the pulleys again had recourse to about a fortnight since, in conjunction with the tartarized antimony, but with no better success. Muscular resistance seemed perfectly overcome in every instance, but the limb always resumed its former position, as soon as the pulleys were loosened.

18. Mr. Travers being prevented attending the hospital, on account of ill health, the patient was seen this day by Mr. Green. The limb, at first sight, appears to be very much shorter than the other; and, on measuring from the anterior superior spinous process of the ilium to the base of the patella, the difference is found to be nearly an inch and a half. A hard rounded substance can be felt on the dorsum of the ilium, the greatest convexity of which seems to be rather above the situation of the ischiatic notch; but whether or not this is the head of thigh-bone cannot be ascertained with certainty, on account of the swelling, &c. of the parts, and it seems to move very little, if at all, when the limb is rotated. The trochanter major is found about half an inch further from the superior anterior spinous process on the left than on the right side. The knee and foot are turned a little *inwards*, but he can, without assistance, turn them in a small degree outwards; and when standing on the other leg, move the limb slightly backwards, forwards, and to either side, but this is done by a swinging motion of the whole body. A crepitus can be distinctly heard and felt, by making pressure on the trochanter major; but whether from fracture, or coagulated lymph, cannot be ascertained.

Ordered to be cupped on the nates, to twelve ounces, and afterwards a poultice applied to promote absorption.

19. Has continued much the same, experiences but trifling pain, but suffers a little at night. Bowels kept open with house-medicines. Mr. Green saw him to-day, and ordered twelve leeches to the hip.

#### CONCUSSION OF THE BRAIN.

John Griffiths, *etat.* 18, a sailor, admitted Dec. 11th, 1823, under the care of Mr. Travers, labouring under symptoms of concussion of the brain. He lies in a drowsy state, but when roused answers questions intelligibly, and then complains of pain in the head, more particularly at the right side, where there is a contused wound, about an inch in extent, and the scalp is puffy at that part. Pulse 53, irregular, full, and labouring; bowels freely opened; pupils dilated, but act slightly on the admission of light; there is great heat over every part of the head; breathing natural; extremities rather cold. The accounts given of the accident were, that the day previous, whilst doing his work on board ship, he was struck down by the boom, and remained perfectly insensible for a considerable time. He was conveyed on shore, and Mr. Brient, a surgeon, who lives in the neighbourhood, attended and bled him to sixteen ounces; he was then much in the same state as when brought into the Hospital. The dresser for the week ordered the head to be shaved and kept cold with the spirit wash. To be bled to twenty ounces, and twenty-four leeches applied to the head, after which the pulse rose to 57, softer. House medicine.

12. Has continued drowsy the whole night; breathing natural. Pulse 54, full, labouring, and irregular; head hot; skin natural. Venesection to sixteen ounces. Continue spirit wash. House medicine to be repeated every fourth hour, until it act on the bowels. After bleeding, the pulse rose to 61, more soft, but still irregular and laborious.

Evening. Pulse 60, irregular; no motion, will not swallow his medicine. An injection of warm water to be thrown up immediately.

13. Appears rather better; no motion. Pupils in the same state as at first; complains of pain in head; makes water freely, but in bed. Fifteen grains of calomel, with scammony, immediately.

14. Passed a good night; bowels opened once very freely; still drowsy, but answers questions better; head rather hot; tongue whitish; pulse 56, soft, irregular. Complains of pain in head and left side, but no bruise perceptible there; pupils act sluggishly.

15. Has been restless during the night, but seems quieter this morning; great heat of head and skin generally. Pulse 58, compressible; tongue white; had no motion; answers questions readily. Twenty leeches to be applied to the head.

*Scammony with calomel*, one scruple, immediately.

*Sulphate of Soda*, half an ounce ;

*Infusion of senna* ;

*Decoction of barley* ; of each half a pint, to be administered in the evening as an enema, if required.

16. Passed a quiet night ; still drowsy ; bowels freely acted on, the sister, therefore, did not give the enema. Pulse 64, compressible.

17. Answers questions relative to his pain readily, but his powers of memory seem much impaired. No motion ; tongue white ; pulse, 58, soft, compressible, regular ; head and skin cool ; pupils still dilated.

18. Has passed a good night ; one free evacuation from the bowels ; seems more collected, and recollects the circumstances of the accident. Pulse 69, soft, regular ; tongue white ; skin rather hot ; complains of pain in the back part of head and left side. Ordered twenty leeches to the occiput ; a blister to the nape of the neck.

*Submuriate of mercury*, one grain ;

*Comp. colocynth pill*, five grains every night.

*Caster oil*, or *house medicine*, when required.

19. Slept well ; complains of pain in the head, but expresses himself better. Pulse 72, soft, compressible ; skin cool ; tongue white ; bowels opened once ; irritable when roused ; eats his bread and milk heartily.

20. Bowels open ; pulse 76, soft ; tongue whitish.

21. Much the same. Pulse 90, soft ; head cool.

22. Slept well ; bowels open ; pulse 124, soft ; pupils act better ; goes to the vessel when his bowels are moved.

23. Continues to improve. Pulse 108, soft. Complains of soreness where the blister was applied, but says his head is quite easy.

27. Much better ; no pain in head ; bowels open ; tongue clean ; pulse 90, soft ; regular.

30. Nearly convalescent ; is sitting up in the ward, and left the Hospital two days after at his own request, with the captain of his vessel.

## ST. BARTHOLOMEW'S HOSPITAL.

### ENLARGED BURSA OF THE KNEE-JOINT.

**JOHN SULLIVAN**, *et. 50*, a stout, yellow-haired, fair-complexioned Irishman, was admitted into Henry the Eighth's Ward, under the care of Mr. Lawrence, on the 7th of August. Has a large superficial tumour in the right knee, the size of the head of a six months' foetus, extending directly over the patella, and evidently filled with fluid.

It has been of considerable duration. Is not sensible of having received any injury that could have occasioned it.

Sept. 13. The usual means have been adopted with the view of occasioning absorption, but without effect. Mr. Lawrence having now considered that the only mode of getting rid of the tumour was by extirpation, the patient was removed to the operating theatre. Mr. Lawrence made a lateral incision through the skin, on each side of the patella, as near to the base of the tumour as the operator thought would admit of their lips being brought together, after the tumour was removed. Dissecting them back, he without difficulty removed the bag. The edges of the integuments were then brought together by adhesive plaster, and the patient sent to bed. When the tumour was cut into, it was found to contain about a pint of thin bloody fluid. The bag was of a sort of half leathery and half cartilaginous substance considerably thickened, and very elastic.

15. Inflammation and swelling to a considerable degree have affected the knee. The patient complains of much thirst, and pain. Pulse quick, countenance anxious. Apply a bread and water poultice, and let the saline mixture, with tartarised antimony, be given three times a day.

Oct. 1. The inflammation has abated, and the wound presents, at some parts, a pretty healthy appearance ; but, at others, an unwillingness to unite.

The patient remained in the hospital for more than a month after this period, considerable difficulty having been experienced in obtaining the union of the parts, owing, in all probability, to the unfavourable condition of the patient's constitution.

### COMPOUND DISLOCATION OF THE CARPAL EXTREMITIES OF THE ULNA AND RADIUS.

**Abraham Draper**, *et. 29*, of short make and sallow appearance, was admitted on the 27th of September, at eight o'clock A.M., into No. 7, Harley's Ward. Had been assisting to remove a chest of indigo from one of the East India Company's vans, when the chest slipped, and his right arm and hand getting between it and a part of the van, they were crushed, and a compound dislocation outwards of the ulna and radius at their carpal extremities produced. Was immediately brought to the hospital. The wound has been slightly enlarged, and the bones reduced to their natural situation without difficulty. The arm and hand have been bound down upon a splint, and the patient put to bed. The whole limb to be kept covered with wet cloths. The swelling and inflammation having in the early part of the day continued to increase, the cloths have

been ordered to be dipped into ice water. Twenty ounces of blood to be taken from the arm, a dose of calomel and jalap immediately, and the effervescing draught three times a day.

Oct. 4th. Since the accident, the arm has swelled very considerably at night, but the intumescence gone down in the morning. Two days ago, the ice water was dispensed with, and the cloths ordered to be dipped into common cold water. The pulse is regular, the patient does not complain of much pain; on the whole he is doing very well. Ordered the compound senna mixture, to regulate his bowels.

In about a month, the patient left the hospital cured.

### GUY'S HOSPITAL.

#### AMPUTATION.

On Tuesday, April 20th, the operation for removing the leg below the knee, was performed by Mr. Morgan, on a middle-aged man of rather unhealthy appearance, by the circular incision. The limb was removed in three minutes, and four vessels were secured; but a great deal of time was delayed, on account of the retraction of the fibular artery out of the reach of the tenaculum and forceps. A portion of fat, which was situated between the extremities of the bones, and seemed to impede the steps of the operation, having been removed with a scalpel, the artery was soon after secured, and the limb being bound up in the usual manner, the patient was removed to bed.

#### ESTHER HIBNER.

The brain of Esther Hibner, who was executed for the murder of her apprentice, has been examined by Dr. Bright, the body having been sent to Guy's Hospital for dissection. On raising the calvarium, there was found considerable congestion of the vessels of the dura mater, and bloody serum oozing from some of the torn vessels of the bone itself. The vessels of the pia mater not remarkably turgid, but a slight serous effusion in the membrane between the convolutions of the brain. On examining the substance of the brain, there was observed a general pink-coloured appearance, with numerous bloody points. The lateral ventricles contained somewhat more fluid than natural, and the plexus choroides exceedingly distended with blood. The vessels running over the corpus striatum, very turgid; not the slightest trace of conglomeration in the longitudinal sinuses, but filled with fluid blood, as were the lateral and other sinuses; no-

thing particular was observed at the base, the arteries, however, were quite empty, and the veins not particularly full. The veins of the right upper extremity, and side of the neck, were exceedingly distended with blood.

#### ABUSES AT ST. THOMAS'S.

To the Editor of THE LANCET.

SIR,—Having been a subscriber to THE LANCET from its commencement, solely in consequence (not being in the profession) of your manly spirit with regard to the management of our public hospitals, and the interest of the helpless, I take the liberty to address you on the subject of some evils, with which, I think, you may be made acquainted, by putting the following interrogatories to the afflicted women in Mary's Ward, St. Thomas's. I am certain the physicians and surgeons are little aware by what means their efforts are defeated, so often as they are.

Ask them, how many weeks is it since Mr. Travers was there?

How many patients have quitted the ward, after remaining a week without advice, and how many have left it on account of the violence of the sister?

Whether they were not all deprived of their tea a few days since, through the caprice of the sister?

Whether it is not a common thing for the patients, who are desired to protect themselves against cold, to be sent to chapel in the rain, those, particularly, who are using mercury?

Whether they have not recently been ordered to bed at 8 o'clock, and awoke at 11, to take their medicine, &c.?

Whether they were not turned out of bed at 9 o'clock on Monday last, to remove and shake their beds; and whether they did not (such as could) sleep with all the windows and the door open, by the express orders of the sister?

How many are suffering from cold and have swelled faces?

Whether the language of the sister is not highly indecent, and whether they are not treated with the greatest harshness and contempt?

How they are employed?

What presents they have made to the sister, to endeavour to receive kind treatment?

These interrogatories will elicit only one-twentieth part of the abuses in this ward.

I am, Sir,

Yours respectfully,

V. MAX.

London, 22d April, 1849.

PRUSSIC ACID AS A REMEDY IN GONORRHEA.

To the Editor of THE LANCET.

SIR,—Knowing your willingness to give publicity, in your widely-circulated Journal, to whatever may tend to the relief of human affliction, I have taken the liberty of sending you an account of a case of gonorrhoea, in which I found the hydrocyanic acid, used in the form of an injection, a very valuable remedy. If you consider it worthy a place in your excellent periodical, you will oblige me by inserting it in an early Number, as I am anxious that it should have an early and extensive trial, that it may be proved whether it is entitled to hold the rank among the remedies used for the cure of that complaint, which I conceive it highly deserves.

CASE.—Mr. H. came to me, suffering from a recent clap, labouring under the usual symptoms, profuse yellow discharge from urethra, excessive scalding in making water, chordee, pain in perineum, frequent desire to micturate, &c. He had been previously under my care for a severe gonorrhoea in conjunction with swelled testicle, when, on that occasion, I made use of very active means to subdue the complaint, without any decided benefit, until months had elapsed. Fearing he might, on this second occasion, have another attack of hernia humoralis, as the inflammation was very acute, and considering the powerful sedative property of prussic acid, I was induced to make trial of this medicine in the form of injection; this I made in the proportion of one drachm of the acid to two ounces of water, with directions, that one syringe-full should be used five or six times a-day. At the same time I ordered small doses of sulphate of magnesia three times a-day. In the course of two days, the symptoms were considerably less severe, and I then also administered small doses of copaiba balsam during the day; in six days more, all the symptoms were so completely subdued, that he considered himself quite well. No inflammation occurred in the testicles, although he perceived, previous to the use of the injection and the balsam, frequent shooting pains in that part.

I do not attribute the cure altogether to the injection, as a more perceptible abatement took place in the symptoms after commencing with the *Copaiba*; but I truly believe that the injection preserved the testicles from inflammation, and, in a great measure, performed the cure. I am not sure, that a much less proportion of the acid might not have answered the same pur-

pose; but, fearing the testicles would be attacked with inflammation, I resolved to use it of the above strength. I did not allow the patient to have more of the injection at a time than was sufficient for two days' use, that its quality might not be deteriorated. The acid was of Scheele's strength.

Would it not prove a valuable application in cases of gonorrhoeal ophthalmia?

I intend giving it an extensive trial in the active stage of gonorrhoea, as the usual practice seems very ineffectual; the result I will take the liberty of making you acquainted with.

I am, Sir,

Your very obedient servant,

R. H. HAYNES.

Canterbury, April 19th, 1839.

BOUGHT VOTES.

To a Committee Man of a Public Charity.

MY DEAR SIR,—As I am convinced you take a deep interest in the welfare of the institution to which you belong, I address a few observations to you on the management of public charities, referring more especially to the practice which is termed "making governors" at the elections of medical officers.

The answer of Sir Roger de Coverly, when pressed to give his opinion on a subject of dispute, that there was "much to be said on both sides," is very general in its application, and particularly so to the question, "Is the above practice a proper one?" Much has been said in favour of, and against it; but, in considering this point, as well as many others, we are too apt to generalise. In writing a poem, as Pope very justly observes, it is necessary to generalise, in order to effect its intended application; but, in considering a question like the present, this course will not do. To generalise here is useless; it would be viewing the matter much too superficially; for when each side appears to have its arguments, it requires the scrutiny of a jealous eye to particularise between them; to pick out both good and bad, to balance them against each other with minute fidelity and impartiality, that a just conclusion on their comparative merits may be obtained. This, you must confess, is the only mode of arriving at the truth. Let us apply, then, what I have said, to the case in point. The phrase, "making governors," requires this analysis. It may be interpreted into two heads, and may be subdivided afterwards; 1st, Where a candidate for an office in a public charity pays the subscription money himself, which constitutes a governor, and collects a number of names,

(or persons, where voting by proxy is not allowed,) to each of which he has attached a guinea, or other necessary subscription, the supposed donors of which are entered in the books as governors; 2dly, Where the friends of the candidate themselves subscribe, to enable them to vote for their favourite.

The first of these cases does not require subdivision; when the laws of the charity do not allow more votes to the governor, who has subscribed ten times as much as a new governor, it is injustice to the old governors is apparent. The only good to be balanced against this is, the addition which is made to the funds of the institution. But is this addition really an advantage to it? It is not extravagant to suppose, that when such a proceeding takes place, many old governors withdraw their annual subscriptions. For the sake of example, we will suppose that 1*l.* 1*s.* constitutes an annual subscription, entitling the subscriber to all the privileges of a governor, in fact, making him a governor, and that a candidate, rather than lose his election for want of "a little spirit," determines to sacrifice a sum of money for the furtherance of his object. Suppose he procures 200 names, or persons, to vote for him; this brings 210*l.* to the funds of the charity for the time being; for it can hardly be supposed, that when the candidate is once safely elected, he will continue his donation annually. We will suppose further, that in consequence of the candidate thus electing himself, ten of the old governors say, that as their votes were of no avail, they will withdraw their annual subscriptions, amounting to ten guineas. What is the consequence? Why, reckoning an interest of five per cent. as receivable on the 210*l.*, the charity neither gains nor loses by the transaction, except having some ready money, which might, perhaps, be laid out at a smaller interest. So much, then, for the advantage of the practice; and, as for the bad tendency of the principle, I think it is obvious enough.

The second interpretation of the phrase has more claim to our consideration; that of governors who pay their own subscriptions. I cannot conceive any harm it would do the charity, because their voluntary subscriptions certainly would not provoke the old governors to discontinue their annual subscriptions; and it benefits the institution, both by making it more extensively known, and inducing the new governors, (who have only subscribed, it must, however, be confessed, for the purpose of voting for their friend,) to inquire into its merits, and who incidentally it is conducted as it should be continue their subscriptions annually and disinterestedly.

It may be urged, that the practice is an

usual custom at elections to public charities; but is a bad precedent a justification? Certainly not. In pension and other societies, where the objects of the charity are only admitted by election, the case is very different. According to their rules, they who subscribe most, have very properly the most votes in the election of objects; and in dispensaries, those who subscribe most, may have the greater number of patients on the books. It is no object to the body of the governors as a whole, who are elected as patients, but it becomes so in the choice of a medical officer.

You will now ask, provided you admit my arguments, how is the practice to be remedied? Or you will, perhaps, say, that it is easier to find, than to mend, faults; but I hope you will allow, that on this subject, as well as in many cases in medicine and surgery, when once the disease is thoroughly investigated, much is done towards effecting a cure. We will say, then, that we have made a sufficiently good diagnosis, and we will prescribe as follows:—In order not to prevent new governors from subscribing, who would do so for the sake of voting for their friends, I would repeal a law which exists in some institutions, prohibiting any governor from voting at an election, unless he has become so previous to the declaration of a vacancy; and in order to prevent candidates electing themselves, I would make a law, empowering the committee of management to investigate any suspected votes, and if in the opinion of a majority of such committee, any votes have been made by the candidate himself, or his friends, such votes shall become null and void.

I may further observe, that where the law does not allow governors to vote, unless they have become subscribers previous to a vacancy, it is not sufficiently comprehensive to prevent the abuses at which it is directed, inasmuch as a medical officer, who is about to resign, may inform his friend before he does so, and the latter may make the necessary arrangements to elect himself in good time.

A word about voting by proxy, and I have done. I think all governors should be allowed to do so without reserve. Where is the harm of it? If there be none, there can be no occasion for the rule; it serves no other purpose than to prevent many voting who cannot spare time to attend.

I am Sir,

Very sincerely yours,

Zeta.

London, April, 1839.

[Correspondents in our next.]

# THE LANCET.

Vol. II.]

LONDON, FRIDAY, MAY 15.

[1858-9.

## LECTURES

ON THE

DISEASES OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

### LECTURE XXVI.

*Of the Treatment of the Malignant Disorganisation of the Genitals.*

It was, gentlemen, before observed to you, that in those malignant disorganisations of the uterus which have been denominated carcinoma, there are three parts of cure, the radical, the palliative, and that which relates to the inflammatory part of the disease; the consideration of which we will now resume.

Now, with a view to the radical cure of these malignant disorganisations of the uterus, the entire removal of the diseased parts by means of the scalpel has been recommended and practised, and in a former lecture I endeavoured to lay down the conditions which were necessary, in order to secure even a small chance of success. Besides, however, the excision of the parts entire, there is yet a second operation which may be proposed, and this consists in the detachment of the lower half of the uterus from its connexions, and the removal of this part by the knife, or some better adapted instrument, which may act upon the principle of the scissors. In mentioning this operation, I must at the same time state, that we should be very blameworthy, if we were, in the present state of knowledge, to introduce it into practice; but as an operation of this kind, under exclusive circumstances, might not always be found ineffectual, I think it right that we should not lose sight of it altogether. If suppositions may at present be adjudged more favourable than others to it, these are those in which the disease, being in its earlier stage, the operation has made but little progress; and though I

am sadly fearful lest ulceration should be renewed in the parts which remain after the operation, yet I entertain a kind of hope, that this perhaps might not occur, if the mouth and neck, together with the whole apparatus of the mucous follicles in them (a sort of nidus for the diseased action,) were removed.

Lisfranc, a Parisian surgeon, has recommended, that in the so-called carcinoma of the uterus, we should with forceps draw down the diseased parts upon the orifice of the vagina, and remove by instruments, which act on the principle of the scissors or the scalpel. While, however, I cannot but applaud the man who has thus made it his endeavour to help the sex in this last and most deplorable extremity, and while I feel persuaded in my own mind, that cases may now and then occur, in which, if the ulcer is small, and the womb is prone to descend, an operator like Lisfranc might dexterously remove the parts; yet I must at the same time add, that in the ulcerated carcinoma of the English obstetricians, an operation of this kind is quite out of the question; and I express my opinion with the more freedom here, because a notion that an operation of this sort is both easy and effectual, might lead the thoughtless and enterprising to rush headlong into the undertaking, in cases where failure is certain. And what may be expected to follow, if the surgeon plunges hooks into these parts, and after tearing and pulling, is obliged to relinquish his attempt? The ulcerated carcinoma of the English practitioner, in the great majority of cases, is too firmly fixed in the pelvis to admit of being drawn down and removed in this manner; and very much is this to be regretted, as this operation, if possible and effectual, would most probably prove much easier than the total extirpation before mentioned, even though we suppose that operation to have been brought up to the best ideal of its perfection; nor must I omit to add, that the removal of the os uteri in this manner, before ulceration commences, merely in the way of preventive, can, I conceive, never be justifiable till we have more certain diagnostics, by which we may distinguish the so-called carcinoma in this stage of the disease.

By Osier and Dupuytren there has, I understand, been performed another operation for this most distressing affection, the "scooping" of the diseased parts, as it may be called: That I am master of the details of this operation I am not sure, but so far as I can learn from those who have been present, it is proposed, in proper cases, to remove the diseased surface from the whole extent of the ulcer by the operation of paring, and in that manner to come down upon a part which may undergo the healing process. Of instruments used in this operation, one, as I have been informed, bears some resemblance to the bowl of a tea-spoon, formed, however, with trepan-like, or cutting edges; this cochleariform scalpel being mounted on a shank and handle, so as to enable the operator to pass it up into the scirrhous hollow, and scrape the surface by sweeping it round the cavity. In small ulcers of dubious scirrhoty, an operation of this kind might, I can readily suppose, prove successful, and it ought not to be lost sight of; I must observe, however, of this, as of the two preceding operations, that although I deem it a duty to mention them, they are not to be performed unless by those who have qualified themselves for the task by a great deal of previous meditation and collateral knowledge—"quid ferre recusat"—"quid valeat humeri"—think of Horace and Dupuytren, and the well-known and often repeated fable of the frog that exploded by attempting to emulate the magnitude of the ox; and beware of disgracing yourselves by rashly venturing upon undertakings to which, though possessed of much valuable knowledge, you may find yourselves incompetent.

Again. To destroy the diseased surface, arsenic and caustic, (actual!) and potential have been advised and tried, but, as I am told, with no encouraging success. The abuse of such remedies would be terrible; do but think of a rash surgeon, with a red hot iron in his hand; and yet, by the beginning of the next century, intellect being on the march, perhaps.... The great objection to every one of these operations is, that they leave within the body a diseased and indurated mass to renew the disease. The cases the most likely to receive benefit from them are not those which we call carcinomatous, but those in which there is ulcer merely, without a deeply-penetrating disorganisation; and, unhappily, few cases are of that kind, and in ordinary practice, but few may be able to distinguish them. The obstetric diagnosis of the organic affections of the abdomen is, I believe, in general, more accurate than that of general physis, however arrogant, systematic, and allopathic; yet it requires further improvement. The speculum vaginae

in many instances, is of great use, but its worth is not greatest here.

In malignant disorganisation of carcinomatous character, if the radical cure appear to be impracticable, it becomes our duty to palliate symptoms; and our practice here lies, at present, within a narrow compass, to be, perhaps, hereafter enlarged. Under these malignant changes, large floodings sometimes occur; quiet, coolness, recumbency, nourishment,—perhaps, in some cases, topical cold, and lead and turpentine, and plugging, (but rarely these latter remedies) may be required. *Alutatis mutandis*—the treatment of flooding cases will apply to these. If there is loose fungous growth, we may consider how far this admits of removal by ligature; but it might be dangerous to increase the hæmorrhage by touching or contracting it, and perhaps the less it is interfered with in any way the better.—With inflammation, the carcinomatous change is sometimes attended, the body of the uterus, the peritoneum, or the parts contiguous becoming assailed. These inflammations are seldom, if ever, so violent as to endanger life, though much spasmodic pain and distress, whether of the womb itself, or perhaps of the intestines, may be sometimes produced. In many cases, the inflammation becoming of itself extinct, may require no remedy at all; but if a remedy is required, perhaps laxatives, leeches, and fomentations may be found the best; the leeches may be applied in front of the abdomen below the navel.

The so called carcinomatous change is not always accompanied with much central pain, but not infrequently much pain is felt, especially as the disease makes progress. Of invaluable use in these cases are anodynes, not, perhaps, always used with that skill and diligence and perseverance, which their worth may deserve. Opium, hyocyamus, conium, lactucis, stramonium, may all be used in their turns; and of these, opium is the chief. In different preparations opium may be used; in the crude state—in extract—in tincture—in the form of Battley's solution—in the form of the liquor morphine acetatis—in the form of black drop and acetatis; the latter preparations are valuable, on account of the little distress which they occasion to the head. In different ways the anodynes may be administered—taken into the stomach—introduced into the rectum—laid upon the skin, as a lotion of tincture of opium for example, or rubbed into it like mercurial ointment. The measure of these remedies must be determined by the effect produced; but is the largest dose of opium sufficient, provided it be the minimum which will relieve the pain. Unhappily there is no danger with a bad habit of opium becoming formed; the patient is making a direct journey to the

grave; and all that remains to medicine is to lead her in peace along the irremediable way—soften her fitter—smooth her pillow—with wise and gentle hand to mitigate her suffering, and to conduct her, undisturbed, into the presence of the never-failing friend of the miserable, the goddess of long—long-lasting repose.

Before ulceration occurs in this disease, there is an inflammatory stage worth much attention, because, by keeping down the inflammation, the fatal catastrophe may be delayed. Other inflammations of the chronic kind in the uterus, are very liable to become confounded with the carcinomatous, and though it may sometimes be impossible to make the distinction, yet the hardness, the openness of the os uteri—the dart of pain—the death of others in the family under the same affliction, will often enable us to distinguish; and, in general, where we doubt, it is better to assume, that the disease verges to carcinoma, and to treat accordingly; and the rather; because this method of treatment seems to be well adapted to mere chronic inflammation. Were any woman, however, new within my hearing, I should earnestly dissuade her to refrain, as far as may be, from attempting to form opinions on this point; that she must be totally unable to judge, when even the obstetrician himself, with all his examinations, may doubt, is perfectly obvious; and the misery which may be occasioned by a hypochondriacal and ill-grounded apprehension here, is exceedingly great.

Leechings above the symphysis—cuppings on the loins—a tepid hip-bath of 87°—a clear rectum—abstinence from the sexual use of the organs—relaxation of the alimentary tube—warm clothing—cool, but nourishing diet—iodine, perhaps—are principal remedies here. It ought to be our great object to keep down action. Of course the first attack of ulceration ought to be watched for with vigilance, as it then comes to be considered, and not till then, whether the radical remedies ought to be essayed.

#### *Of the Efflorescent, or Cauliflower Excrescence.*

If the efflorescent excrescence is left to run its own course, it invariably, I believe, destroys the patient, either by the flooding, or the more frequent serous discharges to which it may give rise. To obtain a complete cure in this disease, is exceedingly difficult; to alleviate it effectually, may be no easy task, yet I am by no means what-  
*ever of the opinion of those who think that we ought to sit down in despondent apathy, with our hands in our pockets, without stirring one inch in good earnest, for the effectual relief of this disease:—*

*Serve mori magno turbantibus aequo ventis  
 Et terra magnum alterius spectare laborem.*

It may be sweet and poetical enough, while secure on the rock ourselves, to see the vessel founder in the midst of turbulence and tempest; but surely there is nothing to be envied in the feelings of those who can see a poor helpless woman sinking under this disease, without stirring the whole art to save her—or, at least, to alleviate and to procrastinate the fatal termination of the disease; and yet this case is sometimes managed with a very reprehensible inertness.

The greater number of the efflorescent excrescences which form in the genital cavity, are of too broad a basis to admit the ligature; yet this is by no means the case invariably; for they are sometimes gaited with the womb by a peduncular basis, and with the help of the ligature, may be easily got away. In these cases, it is true the disease may return at the end of a year or so, but it is equally true that the patient, in the meantime, may gain flesh and strength, and may remain almost entirely free from discharge; and for ought I yet know to the contrary, it may again be relieved in the same manner, even if the exuberancy of growth cannot be kept under by the occasional use of caustic. Besides, our days are numbered, and life is made up of years; so that even in this view, one year of restored health and hope is too large a portion of human existence, in middle life especially, to be regarded with indifference. Examination only can detect the cases well fitted for the ligature; if the texture is loose, and liable to be cut through with the thread, it is better not to tie.

Efflorescent and peduncular growth, of large size and malignant nature, is, in some rare instances, combined with an inversion of the uterus. Of this disease, you may see a representation in Denman's plates. Such inversion would be a great advantage. I wish we had it in our power to produce it *ex arbitrio*. Should a case of this kind be committed to your care, I conceive that both the womb and the malignant growth might be extirpated by ligature at once. Nor is it impossible that this thought may contain a principle which lies at the bottom of some valuable improvement of our operations of extirpation. As to the scooping or removal of the diseased mass and its basis by excision, I fear that this also will, in most cases, be inadmissible; and yet, as the disease varies much, both in the breadth and depth to which it spreads, I think cases may now and then occur, in which the whole may be effectually removed in this manner, more especially if it be seated merely or mainly upon the mouth of the womb.

Whether anything effectual can or not be accomplished by caustic, may, at present, admit of a dispute; and this remedy, therefore, deserves a passing consideration. The cases which promise most, are those in which the growth is not of broad basis, and where the growth has been removed by the application of the ligature. Under such conditions, the caustic may be applied to keep under the renewal of the excrescence; lunar caustic I have known to be of sufficient service, to recommend it to future trial; but I do not venture to give an opinion of the actual cauter, though it might be easily applied; and I have had under cure a patient who would willingly have submitted, provided other means of relief had failed. In the general, however, the disease is far too extensive to admit of these remedies; and then, considering the fatality of the affection, it may be worth a consideration whether we ought not, as in carcinoma, to extirpate the womb and adjacent vagina altogether. Anxious as I am that this instant operation should not be ruined by rash performance in ill-chosen cases, I would yet not dissuade from the use of it in cases of this kind, provided circumstances are favourable and there remain no other hope; and, in cauliflower excrescence, there is less reason to fear a general contamination of the constitution, than in those cases of so-called carcinoma, which we have made the subject of so much remark—the malignant disorganisations, and the excrescences from the genitals; more might be added, but the principles here laid down will, with a little modification, apply to analogous diseases.

It may be proper, however, to add, that polyp of loose consistency allied to the efflorescent excrescence, sometimes grow from the genitals; that fungus excrescences, of very loose texture, sometimes form there, that polypi may grow on the outer side of the uterus, and obstruct the pelvis, by falling down upon the bladder or the rectum, and may be mistaken for enlarged ovary, of which I have seen examples; that we may, too, have mixtures of these diseases—polypus external and internal—indolent scirrhus, with fungus growth, allied to fungus hæmatodes—nor is there, perhaps, any one rock on which we are more likely to make shipwreck, when we first begin to make our diagnosis with care, than that of forgetting, after we have clearly detected the existence of one organic disease, that there may, too, be another co-existent with it, equally important, though less obvious, and which, in our forgetfulness, is overlooked.

One word more on this topic, and I conclude. On passing their attention over the various abdominal or pelvic operations which have been suggested in this and the preceding lectures—the inert—the irasc-

lute—the wise in their generation—the men of grave faces, and of somewhat solid understandings—who never venture beyond the commercial regions of the profession—"parce negotiis neque super"—not to add those sedate and really prudent men of philosophic coolness—the ballast of the vessel, may all, perhaps, feel impelled, from various motives, to raise their voice against these dangerous innovations. Nor can it be denied that much may be urged on their side. The ultimate good from these operations may, in many instances, admit of debate; if these principles are abused, they, like other parts of the healing art, may be converted into a bane, instead of a blessing; but of such gentlemen may I be allowed to ask, apart from morosity or petulance, What, then, are not these diseases desperate under the present received modes of treatment? has your method of procedure, during the last hundred years, discovered for them any better and more effectual remedy? may it not be found that the surgery of the abdomen and the pelvis, after it has received its last improvements, is not necessarily attended with those dangerous consequences which may now accompany it? who, in this country, would have imagined, some ten or fifteen years ago, that the human uterus might be removed by the knife through the outlet of the pelvis—who would have dared to assert the possibility of a recovery after such an operation? would not a proposition of this kind have run the risk of being designated as insane? Well, then, from what has been done already, may we not hope, for the sake of suffering humanity, that much more may yet be accomplished—ought we not, each in our places, to do our utmost endeavour in promotion of so desirable an object? If we are not justified in risking something—that is, just as much as it is absolutely necessary to risk, not more—in cases otherwise without hope, pray in what cases are we justifiable? surely, if there is anything solid in abdominal surgery, such as it may ultimately become, it is the duty of us who are entrusted with the health of the human race, to do our utmost every way to improve it—proceeding in this as in other generous undertakings—not rashly—not for the sake of notoriety or gain—but with a well-balanced spirit of caution and enterprise—under the influence of a feeling never wanting in the generosity of our profession—the sincere desire to alleviate the sufferings of humanity—often animating ourselves with glorious and never-fading sentiment, so finely expressed by the noblest of quators in an age when orators were noble—"nulla in re propius ad hoc homines accedunt quam salutem hominibus dando." In the opinion of the poets, the judgment of the lówen shepherd was justly

forwarded with the finest of womankind; but, gentlemen, were I twenty years younger, I could scarcely refrain from maintaining that no one may hereafter put in a more righteous claim to the possession of one of the most beautiful of these works in clay—the vases of the species—than the man whose judgment and labour shall in future bring to their last perfection the operations of abdominal surgery. Should this suggestion be hereafter adopted, I should be very happy to give judgment on the occasion; and you, I suppose, would all of you be eager enough to contend with each other for the prize.

## FOREIGN DEPARTMENT.

PERFORATION OF THE OESOPHAGUS FROM AN EAR OF RYE HAVING BEEN SWALLOWED.—SYMPTOMS OF PULMONARY PHthisIS FROM THE SAME ACCIDENT.

An infant, a year old, having swallowed an ear of rye, was immediately seized with suffocation and convulsions, which, however, gradually disappeared. On the third day, a dose of ipecacuanha having been administered, a continued cough came on, accompanied by cold sweats. On the tenth day after the accident, an abscess formed between the third and fourth false ribs, from which the ear of rye was protruded, and this having been extracted, all the symptoms disappeared. It is very probable, that the foreign body did not enter the trachea, but, having penetrated the oesophagus, made its way through the posterior mediastinum and intercostal muscles.

In another case, where the same accident happened to a child eleven years of age, violent continued cough, and suffocating attacks, were the immediate consequence. These symptoms soon went off, but within a short time the child exhibited all the signs of phthisis pulmonalis, and was, about six months after the accident, given up by several practitioners. This hopeless state having continued for more than a year, and the patient being evidently on the eve of dissolution, a violent fit of coughing came on, by which the foreign body, surrounded by mucus and puriform matter, was expectorated; its discharge was followed by remission, and eventual disappearance of all the symptoms; the patient recovered, and up to the time of the report, twelve years after the accident, enjoyed excellent health. —*Compte rendu des Tr. de la Soc. de Méd. de Lyon.*

## DESCRIPTION OF THE AURICULAR GANGLION.\*

By Dr. ARNOLD, of Heidelberg.

THE attention of several continental anatomists has lately been drawn to the communication which exists between the fifth pair, sympathetic nerve, and the organs of the senses. Dr. Arnold's discovery of the auricular ganglion forms an important part of these researches, the result of which will be read with interest. In man, the auricular ganglion is situated on the internal surface of the third branch of the fifth pair, immediately below the foramen ovale, at the origin of the masseteric, buccinator, and deep temporal nerves, and above the superficial temporal nerve. Its internal surface is covered by the cartilaginous portion of the eustachian tube, and by the upper part of the circumflexa palati muscle; the middle meningeal artery is immediately behind it; it is of an oval form, and slightly compressed; its antero-posterior diameter varies from two lines to two and a half; its perpendicular, from one and a half to two; and its transverse diameter from a quarter to half a line. It is of a greyish red colour, and very delicate, soft consistence; in the calf, on the contrary, it is grey, and rather dense, the reverse of the sphenopalatine ganglion; a difference which, in a physiological point of view, seems to be of peculiar interest, as these ganglia, apparently, perform analogous functions.

The auricular ganglion is enveloped by a very thin and delicate membrane, which is closely attached to the nervous substance, and which, exteriorly, is surrounded by a reddish cellular tissue, similar to the cellular membrane of the intervertebral ganglion. The pulpy mass of the ganglion itself being very vascular, is traversed by numerous white filaments, of which the greater part coalesce, though not so intimately as in the ganglia of the sympathetic nerve. These filaments are branches of the inferior maxillary nerve, and of a nerve which originates from the ganglion petrosum. A great number of short filaments, originating from the third branch of the fifth pair, connect the ganglion with the latter, and thus correspond with the roots of the ophthalmic ganglion. The vidian nerve, which at first sight appears to originate from the ganglion, runs through it, after having received a slight increase of size. Another very remarkable communication exists between the ganglion and the glossopharyn-

\* Ueber den Ohrknoten; von Dr. F. A. ARNOLD, Professor an der Universität zu Heidelberg; 1838. In *den* und *in* FATE CAPHALICA NERVI TRIPLANOTIS OL. Disser. IN AUG.

root nerve, by means of a branch of the *ramus jacobii*, and another between it and the *portio mollis*, by means of a branch of the *portio dura*. The auricular ganglion gives origin to several nervous branches of a very delicate pulpy structure, and reddish colour. The most important of these arises at its upper and posterior part, and, in its course along the inner side of the middle meningeal artery, enters into that portion of the *eustachian tube* which contains the *tensor tympani* muscle, in the substance of which it terminates. Two or three branches originate from the lower posterior portion of the ganglion, and unite with the two roots of the superficial temporal nerve, very likely with that portion which sends branches to the *membrana tympani*.

There are consequently, the author observes, four ganglia which belong exclusively to the organs of the senses; the ophthalmic, auricular, sphenopalatine (nasal), and maxillary (lingual) ganglion, all of which are connected with the sympathetic nerve, the fifth pair, a sensitive nerve, and a nerve of motion; communicating branches of the sphenopalatine ganglion with a motory nerve, and that of the auricular ganglion with the sympathetic, have not as yet been discovered in man; in the calf the author has frequently found them.

As to the auricular ganglion in animals, Dr. Arnold has been able to find it in quadrupeds only. In carnivorous quadrupeds, it has a more superficial connexion with the fifth pair than in man, and is not crossed by the vidian nerve, of which it receives only a small branch.

In the rodentia there are two auricular ganglia, the anterior of which is united with the maxillary and vidian; the posterior with the superficial temporal nerve; both ganglia are of considerable size.

In ruminants it is much larger, and of greater density than in man; its connexion with the maxillary nerve is very intimate; that with the temporal nerve very slight.

In pachydermata the ganglion is divided into two masses, which are united by an intermediate portion; its structure is very analogous to that in the human subject.

In solipedes it is larger than in any of the other animals, and like that of the pachydermata and ruminants, divided into two portions.

In birds and reptiles, Dr. Arnold has not been able to find it, or any muscle analogous to the *tensor tympani* of man and quadrupeds; which latter assertion, being in opposition to the researches of Scarpa and Cuvier, wants further confirmation.

As to the function of the auricular ganglion, Dr. Arnold is of opinion, that the analogy between the *membrana tympani* and the *fin*, beat serves to explain it. Ac-

cording to this view, he assigns to the auricular ganglion the same function relative to the organ of hearing, as the ophthalmic performs with regard to the eye, viz., that of regulating the involuntary motions of the *membrana tympani*. In the latter, two different kinds of motions must be distinguished; the one, which is entirely mechanical, depends on the vibrations of the air; the other is produced by its muscular apparatus, and consists in a greater or less tension, according to the degree of force with which the vibrations of the air act on the *portio mollis*,\* the excitement of which is, by its communicating branch, conveyed to the *portio dura*, and thence through the above-described branch to the auricular ganglion and the *tensor tympani*.

Considering the striking correspondence which, in an anatomical point of view, exists between the nerves of the organs of seeing and hearing, and those of taste and smell, it might be asked, whether the latter possess also any apparatus for controlling the excessive action of external agencies? To this the author answers in the affirmative, and ascribes the above function to the diaphragm, for the organ of smelling, and to the excretory duct of the submaxillary gland, for the organ of taste. Whenever the pituitary membrane of the nose is acted upon very strongly, sneezing is excited by the influence which the sphenopalatine ganglion exercises over the diaphragm, by means of the deep vidian nerve; in an analogous manner the secretion and excretion of the saliva in the submaxillary gland, is augmented by means of the maxillary ganglion, whenever the lingual branch of the fifth pair is over-excited.

#### ANIMAL MAGNETISM.

In the sitting of the *Académie Royale de Médecine* on the 10th of April last, M. Jules Cloquet made the following statement.

On the 8th of April, he had been consulted by a lady 64 years of age, who had an ulcerated cancer of the right breast, with painful swelling of the neighbouring parts, and the axillary glands; he decided upon the operation, but as the general health of the patient gave but little hope of success, he previously took the advice of some other practitioners, amongst whom was M. Chaplain, (the regular medical attendant of the lady,) who very strongly recommended the operation. This was, however, constantly objected to by the patient herself, who was of a nervous and irritable temperament.

\* Fel. Savatier has first clearly shown the existence of this kind of motion in the *membrana tympani*, and demonstrated the mechanical reasons of it.

She was very susceptible of the action of animal magnetism, to the influence of which, M. Chapelain, one of the great magnetisers of the day, had often submitted her. This gentleman proposed that M. Cloquet should perform the operation while the patient was in the state of somnambulism, during which, sensibility being completely suspended, she would neither suffer any pain, nor show any aversion to it. To this proposal M. Cloquet saw no objection, and Sunday the 12th of April, was fixed for the day of the operation. For two days previously, M. Chapelain several times somnambulised the lady, and, by the influence of his will, disposed her to the operation, the mere idea of which she dreaded when awake.

On the appointed day, M. Cloquet found her on an arm-chair, in the posture of a person who is in tranquil sleep, and, after the necessary preparation, performed the operation in about twelve minutes, in the usual manner. During it, the patient did not evince the least sign of pain, neither by the countenance, nor by any muscular motion. She constantly remained in the same passive state in which the operator found her on his arrival; and the assistant, who kept the arms in the necessary position, did not experience the least resistance; and, wonderful to relate, when the wound was cleaned with a sponge, the patient appeared to feel as if she were tickled, and said several times, in a cheerful tone, "Have done, don't tickle me!" (*Finissez, ne me chatouillez pas.*)

The wound having been dressed, she was carried to her bed still in a state of somnambulism, in which she was suffered to remain for forty-eight hours. On the 14th, the dressing was removed for the first time; during this operation, also, the patient showed no sign either of sensibility or pain. Immediately after it she awoke, without having any idea of what had happened, and when she heard it, was very strongly affected; this sensation of mind M. Chapelain immediately caused to subside, by repeating his manipulations.

On the 16th of April, the wound was dressed a third time; it had a good appearance; the patient was very composed, and there seemed to be a very fair prospect of complete success from the operation. "Such is," M. Cloquet said, "the accurate recital of the facts, of which I have been an eyewitness; and which I simply relate, without drawing any conclusions from it, either for or against animal magnetism."

M. Larrey very much doubted, that during the operation the patient had really been in a state of somnambulism. He declared her to be an impostor, who, for the sake of

money, had taken a part in the trickery of the magnetisers, and who, by the force of her will, had been able to undergo the operation, without evincing any sign of pain. He had seen many instances of apparent insensibility in persons who were no somnambulists; and he himself had performed the most painful operations on soldiers on the field of battle, who sang the hymns of Mars, and exhorted their comrades to keep up their courage; he mentioned the instance of the fanatic murderer of Kleber at Cairo, who, under the most terrible tortures, appeared insensible. He concluded by saying, that he considered it very dangerous to let the public believe it possible for a good surgeon to be the dupe of such magnetic impostors, and that he should be ashamed to see his name associated with a fact of this kind.

With respect to the insensibility to pain in several persons, M. Héré de Chégulin observed, that females of nervous temperament, and pious disposition especially, frequently bore the most cruel operations with astonishing indifference.

M. Lisfranc related the case of a young girl on whom he had performed the extirpation of a fungus hamatodes, and who had not exhibited the least signs of pain. With respect to animal magnetism, the fact related by M. Cloquet, appeared to him of great importance; and all judgment ought to be suspended, until further analogous observations were made.

In reply to M. Larrey, M. Cloquet said there was not the least reason to suspect the character of the patient: her rank, education, and wealth, placed her above the suspicion of assisting a fraudulent confidence-man, or having been influenced by pecuniary interest. As to the instance of insensibility, mentioned by M. Larrey, he had seen many cases of a similar kind, but there was a great difference between them, and want of sensation and apparent insensibility, in consequence of the will, and an unusual firmness of mind. In persons gifted with the latter, he had always seen some expression of pain, though perhaps not of the common kind; singing, and animated conversation, are generally used by them, to distract the attention as much as possible, and the complete absence of the sufferer, the state of the countenance, muscular contraction of the hands, &c., always betray the real condition.—*La Clinique at La Lancette Française.*

ON THE USE OF TINCTURE OF HYOSCIAMUS,  
IN SCARLET FEVER.

By HENRY REES, Esq. M.R.C.S.

HAVING read, in the last Number of THE LANCET,\* Hufeland's observations on the use of belladonna in scarlet fever, I am induced to recommend to the notice of the profession a medicine which I have found highly serviceable in the same disease, and which may probably operate on the same principle—I mean the tincture of hyoscyamine. As surgeon to the "City Institution for Diseases of Children," I have had between two and three hundred cases of scarlet fever under my care, few of which have proved fatal. If not trespassing too much on your valuable pages, I will briefly describe the practice I pursue. In milder cases, I recommend leeches to be occasionally applied to the head, prescribe small and repeated doses of calomel and antimony, with gentle laxatives, (a mode of treatment proper in all exanthematous diseases,) and every two or three hours some of the *liq. ammon. acetat. mixture*, with small doses of ipecacuanha, and the *t. hyoscyami*. In severer cases, I apply leeches freely and frequently to the head and throat, administering the same medicines. My attention is chiefly directed to allaying the nervous irritability and excitement, for in proportion to such irritability and excitement, are the subsequent exhaustion and degree of danger. Opium is, in some cases, a valuable medicine. The prussic acid I have never tried, but should anticipate much good from its effects. Cold ablution is proper, especially when agreeable to the sensations of the patient. I prefer partial to general ablution, having seen two or three instances, and heard of others, in which fatal symptoms appear to have arisen from the excessive cold the system had sustained. As a stimulant in the stage of collapse, if I may be allowed the term, I find ammonia most useful.

The effect of medicines, the progress of the disease, and the appropriate measures, are indicated by the appearances of the tongue; should the tongue continue unchangedly parched, the disease will terminate fatally; immediately it begins to be moist, the calomel and antimony should be omitted, or salivation will be induced. In scarlet fever, as in all other diseases in which the tongue is dry and red, Epsom salts are injurious, though frequently prescribed; so are also the drastic purgatives, and what are sometimes named, the "tonic-evacuants." The tongue, indeed, in most

diseases, is my principal guide. On this subject I could say much, were I not fearful of extending these remarks to too great length.

45, Finsbury Square, May 4, 1839.

WESTMINSTER MEDICAL SOCIETY—EXPERI-  
MENTS ON ACETATE OF LEAD.

To the Editor of THE LANCET.

SIR,—Your invaluable Journal is deserving of its numerous supporters, for having so fully and accurately reported the discussion at the above Society on Mr. Laidlaw's case, more particularly as connected with the opinions advanced by several speakers relative to the effects produced by large doses of the acetate of lead. I will not obtrude myself upon your notice, by making any remarks touching the medicinal properties of the acetate, which appear to have been better understood by the members of the above Society, than the chemical effects. It appears from the observations of Mr. Laidlaw, that on experiencing the symptoms commonly attendant upon an over-dose, he had immediate recourse to a solution of the sulphate of magnesia, which produced instantaneous relief.

In order to ascertain, myself, the effects of the sulphate of magnesia as an antidote in cases of poisoning from the acetate of lead, I was induced to make my own person the object of experiment. I dissolved a drachm of the acetate in four ounces of water, half of which was taken at a dose, and shortly after a solution, containing one ounce of the sulphate in half a pint of water. I experienced no other symptoms than those commonly attendant on a full dose of the latter, such as occasional gripings, with copious watery evacuations; having allayed intestinal irritation by opiates, I took, at the expiration of twenty-four hours, the remaining solution, which was attended with similar results.

From the foregoing experiments, I arrived at the conclusion, that the poisonous qualities of the acetate of lead are destroyed by the action of sulphuric acid, which separates itself from the sulphate of magnesia, and that thus an insoluble and innocuous sulphate of lead and acetate of magnesia are produced. This differs widely from the theory of the learned Chairman, (Dr. A. Z. Thomson,) "That the reason why the acetate of lead was not poisonous, was, that it was insoluble in the blood, and was not taken into the circulation."

I have the honour to be, Sir,  
Your obedient servant,

W. GARDNER.

Birmingham, May 4, 1839.

## DR. WHITING'S OPINIONS ON THE VITALITY OF THE BLOOD.

To the Editor of THE LANCET.

SIR,—Nothing is more easy, than for a writer, especially one who does not choose to sign his name, first to misstate the opinions of another, and then to use arguments to disprove their accuracy. The correspondent who addressed you from Islington, on the vitality of the blood, appears to be of this description. Dr. Whiting cannot be expected to enter into a discussion with this anonymous writer, especially as he seems to possess greater love for ridicule, than anxiety to elicit truth, but as I am acquainted with that gentleman's opinions, and was present at both the meetings at which the discussion occurred, I venture to request a place in your Journal, to correct some errors into which your correspondent has (inadvertently, without doubt) fallen. His exordium, which he very properly considers ill adapted to his subject, proves that he writes in much ignorance, and I beg therefore to inform him, that so far from Dr. Whiting willingly introducing his opinions upon the London Medical Society, or "promising" any remarks on the vitality of the blood, he was merely requested by the President to be present at the discussion, in consequence of a cursory observation, which fell from him when a visitor on a former evening. The construction put upon this request of the President by the reporters\* of the Journals, seems somewhat extraordinary, and although I cannot charge them with the "malus animus" the erroneous impression which has been given by their statement is a matter of regret. It is strange enough, that your correspondent should ask Dr. Whiting, as well as Mr. Cooper, "whether he is sensible of the error which he has committed, in supposing the coagulation of the blood, when exterior to the body, to result from the active agency of vitality, or any other power peculiar to that fluid." This question shows that he is as ignorant of the subject on which he presumes to write, as he is of the circumstances connected with the discussion of it. For first, Dr. Whiting decidedly and repeatedly denied it to be his opinion, that the coagulation of the blood does depend upon its vitality, as it wanted the necessary evidence of fact; and secondly, that great man, John Hunter, whose disciple this writer professes to be, was undoubtedly, in his language upon any thing, of that

opinion. It would have been better for him, therefore, before he presumed to put pen to paper, the instant he perused the report, to have refreshed his memory, respecting the "Hunterian doctrines." The writer speaks, at the conclusion of the paragraph from which the last extract was taken, of "the doctrines which Dr. Whiting advocates." Now I beg leave to inform him, that the Doctor advocated no particular doctrine, but merely attempted to prove, that the arguments in favour of the vitality of the blood, were insufficient to establish the truth of the hypothesis; and this is the amount of what the author calls the doctrines of Dr. Whiting. The greater part of the succeeding paragraph contains opinions not essentially different (as far as I am able to judge) from those which Dr. Whiting embraces, with the exception of the last sentence, in which he says, "I conceive we are led to the conclusion, that the blood is fluid, simply because it is alive, that it coagulates simply because it is dead." I would like to ask, how is it that the blood has been found fluid throughout the body after some kinds of death! And even supposing no such fact as this could be adduced against his opinion, what proof has he that the fluidity of the blood does depend upon its life! I deny that there is any proof. All we know of the matter is, that the blood when removed from the living vessels, in most instances, ceases to be fluid. The writer here appears to found his argument upon a mere assumption, and to be himself guilty of the same error, of which in a subsequent part of his letter he accuses Dr. Whiting. He goes on to say, "the Doctor triumphantly exclaims, if the blood were vital, it ought to show its vitality during life, and not wait till after death to do so." It is an apparent absurdity of Hunter's that is here combated, who seems to think that the contraction of the fibrine is the chief proof of the vitality of the blood. I would beg leave to recommend to the notice of your correspondent, one passage which he will meet with in John Hunter's treatise on the general principles of the blood. "Coagulation," he there says, "I conceive to be an operation of life," and I would advise him, before again entering into the field of controversy, (to use his own language,) to "read, mark, learn, and inwardly digest" the works of the author whose opinions he advocates. In the next sentence, your correspondent asserts, that "the vital energy" of the blood, "makes it deposit in each part from one simple fluid, the endless variety of dissimilar materials which constitute the different organs." This is so absurd as hardly to require refutation, the author seems literally to have forgotten that such things as vessels, existed in the body. No one else would

\* Our reporter put no "construction" upon the request of the President. Even an allusion to "malus animus" in such an affair is ridiculous.—Ed. L.

have thought, that the blood itself deposited the different materials of which the body is composed. "I was not, I confess," (the writer goes on to observe,) "exactly prepared in the present age for the staggering assertion, that digestion is purely a chemical solution, which can be imitated out of the body." Dr. Whiting did not say that digestion was purely a chemical solution, which can be imitated out of the body, but merely, that the change which food undergoes in the stomach can be imitated out of the body, and this assertion is fully borne out by numerous experiments, with which the learned author is no doubt well acquainted. The last paragraph is of the same piece with the rest of the composition, and is remarkable for the same ignorance of his subject, and the same vague and indefinite mode of expression, as characterise the former part of it. The writer finishes his letter with a quotation from Cicero, which does as little credit to his heart, as the rest of the article does to his head. After the occurrences which took place at the last Meeting of the Society, (for the report of which, he should by-the-by have waited, in order to "have had all the arguments of the Doctor before him,) I may perhaps be allowed to put into the mouth of Dr. Whiting, the well known sentiment of Juvenal:

"De nobis post hac tristic sententia fertur  
Dat veniam corvis, vexat censura colum-  
bas."

A VISION.

Borough, 7th May, 1829.

CASE OF ROBINSON—BY MR. SHELDRAKE.

To the Editor of THE LANCET,

SIR,—In the answer to Correspondents, at the end of No. 292, you say, "Mr. Sheldrake will probably enable us to comply with the request of *Querist*." Your answer to correspondents, like the responses of *Byble* in former times, may be understood by those for whose special use they are intended, but are sacred enigmas to the rest of mankind. I do not know who "*Querist*" is, or what he is desirous of learning from me; but, as a general observation, I beg to say, that, as I am not an anonymous writer myself, I will never answer any thing that is written by any anonymous person.

For your satisfaction, I return to the case of Robinson. I have seen him daily from the time he first came into my hands to the present, two days only excepted, and these absences were occasioned by unavoidable accidents. In consequence of this unremitting attention, he is so much improved

that his foot has nearly regained its natural form, and when both his shoes are removed he can stand with his feet close together, with the heel of that which is defective very near to the ground; all the muscles of his foot, his leg, and his thigh, are resuming their natural actions; the muscles of his leg are greatly increased in size, and healthy in appearance, and he is getting into a much better state of general health than he was when you saw him before.

When the cure of this case is complete, I shall publish a detailed account of its progress; in the mean time I shall be obliged, if it is agreeable to you, if you will see him, when you will be able to say what you think of it yourself, and that will be more satisfactory to your readers than any thing I can say of it. I have reason to be satisfied with the course I took in offering this case to the notice of the profession in general; that offer has been accepted by many gentlemen of rank and talent, whose opinions I have reason to be satisfied with. I have met with one person, however, whose conduct has been so different, that I ought to mention it, (without marking the individual,) to show how difficult it is for any man, with the best intentions, to secure himself from the vile machinations of base-minded men.

When Robinson was an out patient at the Middlesex Hospital, his case excited much curiosity in many who attended there. After the case was published in THE LANCET, one of these Middlesex Hospital people asked a member of Robinson's family, whom he knew, if he was the person whose case was related in THE LANCET. Being told that he was, the person was further asked, if he would prevail on the youth to go to his, the inquirer's own house, that he might examine the foot at his leisure. Robinson asked me what he should do. I desired that my compliments might be presented to the gentleman, and that he should be told, that I would not suffer any person whatever to examine my patient, except it was done in my presence; that I should be very happy to see him at my house, any day and any hour that he would appoint, that he should then have every opportunity he could wish to examine the patient, (always in my presence,) and that I would give him every information he might ask of me. No, he said, that would not do; he wished to examine him by himself, in his own home. That being again refused, I heard no more of this very honourable gentleman. I have every disposition to act openly, candidly, and honourably upon all occasions, but I think you will allow that, with the experience I have derived from this attempt, I ought to be satis-

ful in any transaction that I may engage in with strangers upon this subject.

I have another case under my care, similar to Robinson's, but, in many respects, more important to the patient as well as to myself; I shall not, however, offer it to your notice until the cure is complete, when I intend to trouble you with a full statement of particulars. I find that the subject of artificial muscular action, as applicable to the restoration of health, as well as to the cure of peculiarities of form, has been so little attended to, that I think the explanations I am prepared to give of many points cannot be included in the space which you may be able to assign them in *THE LANCET*. For this reason I have sent to the press a separate treatise, viz., *The utility of artificial muscular action, when it is used in educating young females of the superior classes of society, so as to produce excellence in their form and action, as well as good health in the progress of their future lives, &c. &c.*

When this is ready for publication, I shall send a copy for your inspection, and shall be grateful by your giving it any notice that you may think it entitled to.

I am, Sir, yours, &c.

T. SHELDRAKE.

April 30th, 1879.

IRREGULARITY OF LECTURES.

To the Editor of *THE LANCET*.

SIR,—Allow me, through the medium of your valuable pages, (which have ever been the resource of the oppressed pupil, and the only means of obtaining redress for the non-performance of a teacher's duty,) to state some of those evils existing in the midwifery department of the Webb Street School. The lectures on this branch of our profession, together with the discourses of women and children, were promised at the beginning of the season to be delivered regularly. I happen to be one of the unfortunate beings who are obliged to walk some considerable distance every alternate day to hear the said lectures, and to gain, as I should expect, that information for which the student looks in thisemporium of intellect; but I am surprised to find, on my arrival at the theatre, posted at the doors, now almost regularly, "There will be no lecture to-day," &c., in consequence, perhaps, of a placental presentation, an uterine hæmorrhage, a forceps case, a case of turning, the lecturing apparatus being out of order, or a smart shower of rain; all these, with the exception of the last, are frequently posted as excuses. Now I wish to ask, whether it is

usual for midwifery lecturers to have these unfortunate occurrences frequently, and always at the hour of lecture? Does each of them give a lecture, which must be finished in three quarters of an hour? Does a shower of rain deter Dr. Blundell from meeting his pupils, for whom he evinces such regard? I can positively assert, it has ever been a source of regret to any other lecturer attached to this school, if he has ever been unavoidably kept from his pupils, though it had been but for an hour. Such is the manner in which our time is trifled with; and, as we merely get one lecture a week, (occasionally two,) I leave you to judge, what sapient young men we shall be in the obstetric art, when we are let loose on the world. These are the only remarks I have to make at present; but should an amendment take place for the improvement of the poor fellows who enter next season, you shall hear from me again, with some facts of more importance.

I am, Sir,

Yours respectfully,

A PUPIL OF THE WEBB STREET SCHOOL.

Tuesday, April 28, 1879.

QUININE IN INTERMITTENT FEVER.—PLETHORA OF THE BLOOD.

To the Editor of *THE LANCET*.

SIR.—A Correspondent in No. 292, mentions the good effects of quinine with capsicum; I can assure him the combination is largely used in my neighbourhood. Some of my medical friends use the sulphas ferri with the quinine and capsicum, and I can vouch for its good effects in old debilitated subjects. I may observe, there is a suggestion in your Correspondent's communication, for which we are indebted to him, if it be correct; viz. the small quantity of quinine which he uses per diem. Will he aver, that the four grains of quinine, with eight of capsicum, given during the intermission, will prevent a recurrence of the paroxysm.

I can confidently affirm, that I have adopted Dr. Mackintosh's treatment of bleeding in the cold stage with the most decided advantage, and I believe it to be the only safe mode of treatment (previous to administering the quinine) in strong muscular subjects, where there is congestion. I do consider it most desirable when called to a patient who is shaking violently, to abstract a few ounces of blood from the arm, when there shall be an immediate cessation of shaking, and the patient shall feel in a glowing comfortable state, and he without the succeeding fever and perspiration. It is

most desirable to put an immediate stop to the paroxysm, if there be nothing else gained, (although that is not a question where there is congestion,) and the quinine can be given afterwards to prevent a return. I have been asked, whether the relief obtained be adequate to the loss of blood. Such an interrogator will not hastily become a Sanguedo.

I am your constant reader,

ROBERT RAMBLEWAY, M.D.

Lincolnshire, April 28, 1829.

[At the London Medical Society on April 6th, a great deal of discussion took place relative to the fluidity of blood in cases of sudden death. It seems a pity that so much time as to the question of fluidity should occupy the talented members. Dr. Walsman states, that "if the living principle of the blood be instantaneously destroyed, coagulation and rigidity cannot take place." How is that to be known? Why not say there is an excess of vitality retained? It is easy to make assertions, otherwise Dr. Gregory would not have said that buffy blood was the cause of disease; as to hunting the hare to death, it merely shows there are no rules without exceptions, save such as Tristram Shandy's. The following circumstance attracted my notice a good deal at the time it occurred. A "game" hare was started in coursing, and an excellent greyhound, of extraordinary fleetness, let go after her; the chase lasted some time, and when we reached them, the hare was dead and stiff, presenting the greatest possible rigidity; the dog was rather more than fifty yards from the hare, and nearly dead too: the dog did not kill the hare, she died from exhaustion. Why was there rigidity of the muscles?]

#### HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,—In a late number of a periodical publication, a letter was addressed to the editor by a correspondent signing himself "T. G." complaining of the non-publication of the particulars of a case of hydrophobia, which occurred to a Mr. Hicks, which Mr. Hicks professes to have cured. I have been anxiously looking for Mr. Hicks's statement, but he has taken no notice of it. I shall, therefore, beg the insertion of these few lines in one of your earliest numbers, that Mr. Hicks may not have the opportunity of saying he did not see any letter on the subject. Mr. Hicks must be aware, that an advertisement in a newspaper of a cure for hydrophobia, peculiar to himself,

would fix on him the stigma of quackery, and he would lose the rank among his professional brethren, which I believe he has hitherto possessed. Surely he cannot hesitate a moment. It may be, as "T. G." supposes, a case of hysteria, for the diseases are often so similar as to puzzle many medical men.

I am, Sir, yours very truly,

A MEDICAL PUEB.

May 3d, 1829.

#### BLISTERS IN PERIODICAL HEMICRANIA.

To the Editor of THE LANCET.

SIR,—Having had lately several cases of periodical hemicrania under my care, which resisted the usual mode of treatment, I was induced, in order to remove or palliate so distressing a malady, to try the effect of blisters applied to the abdomen during the fit, the result of which has exceeded my most sanguine expectations. If the blister be applied during the paroxysm, I have invariably found it either remove the fit, or materially shorten its duration.

Knowing your willingness to insert any thing calculated to improve the profession of which you are so distinguished a member, I was induced to transmit to you an account of the above successful mode of treatment.

I am, Sir, yours respectfully,

FORBES WINSLOW.

Bright Walton, Berks,

April 28, 1829.

#### SUPPRESSION OF THE LOCHIA.

To the Editor of THE LANCET.

SIR,—Will you allow me to inquire through the medium of your Journal, whether the ergot of rye when exhibited in cases of lingering labour, has not a tendency to suppress the lochia. In two cases in which I gave it, there was no lochial discharge. I am by no means certain, that the ergot was the sole cause of its suppression; but stating this fact, I am anxious to inquire of those whose experience enables them to give information on the subject, whether this circumstance is attributable to the action of the above valuable medicine. In the cases to which I allude, the power of the ergot in inducing uterine contraction was admirably exemplified.

I am, Sir,

Your obedient servant,

A.

Heddon Bridge, Yorkshire,

May 4th, 1829.

## DISINTERMENT AND ANATOMY BILL.

*A BILL for preventing the Unlawful Disinterment of Human Bodies, and for Regulating Schools of Anatomy.*

[Note.—The words printed in *Italics* are proposed to be inserted in the Committee.]

*Profrable.*—Persons disinterring Human Bodies, liable to fine and imprisonment.

WHEREAS it is expedient to make some further provision for the prevention of the unlawful disinterment of Human Bodies; be it therefore enacted, by the King's most excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, That if any person not duly authorised by law so to do, shall disinter, or aid or assist in the disinterment of any human body in any churchyard, burial-ground, or vault in any church, or shall, by digging or otherwise, disturb the ground or any grave in any churchyard or burial-ground, or break into any vault or any church for the purpose of disinterring any human body, or shall remove, or aid or assist in the removing of any human body from any churchyard, burial-ground, or vault in any church, knowing the same to have been unlawfully disinterred, every such person shall be guilty of an offence against this Act, and shall, upon conviction thereof, be imprisoned in the common gaol, or house of correction of the county or place wherein he shall be tried, with or without hard labour, at the discretion of the Court, for a term not exceeding, for the first offence, *six months*, and for the second offence *two years*.

*Secretary of State to appoint Commissioners for licensing Schools of Anatomy.*

And whereas it is expedient to provide for the regulation of schools of anatomy, be it therefore enacted, That it shall be lawful for his Majesty's Principal Secretary of State for the time being for the Home Department, on the *first day of July* in every year, or within *three months* after the said day, to appoint not fewer than *seven* persons to be Commissioners during the space of one year, for licensing schools for the dissection of human bodies, the majority of whom shall be persons of the profession and place of the said Commissioners, and the names of such Commissioners to be published in the London Gazette within *ten days* after their appointment.

*New Commissioners to be appointed on any vacancy.*

And be it enacted, That as often as any of the Commissioners to be appointed as aforesaid shall die, or shall refuse or become unable to act, it shall be lawful for the said Secretary of State, by an instrument under his hand and seal, to appoint a Commissioner in the room of every Commissioner who shall die, or shall refuse or become unable to act, and the name of every Commissioner so appointed, shall be published in the London Gazette within *ten days* after his appointment.

*Commission to hold Quarterly Meetings.*

And be it enacted, That the said Commissioners shall hold quarterly meetings on the *first Monday* in the months of *January, April, July, and October* in each year, for the purpose of granting licenses to keep dissecting schools to the persons applying for the same as hereinafter directed, and for executing the other powers entrusted to them by this Act; and that as all such quarterly or other meetings to be held by the said Commissioners, *three or more* of the said Commissioners, of which number one at least shall not be a physician, surgeon, or apothecary,

shall constitute a quorum; and if on any of the days above mentioned, a quorum of the said Commissioners shall not be present, then the quarterly meeting shall take place on the next succeeding *Monday*, and so on weekly, until a quorum shall be assembled, and that such quorum at every such quarterly meeting, shall have power to adjourn such meeting from time to time as they shall see fit.

*May hold other Meetings.*

And be it enacted, That besides the said quarterly meetings, it shall be lawful for the said Commissioners, as often as they shall think fit, to assemble themselves for the purpose of executing the several matters by this Act intrusted to them, notice being in every such case given seven days at least before the intended meeting, by some two or more of the said Commissioners (of which number one at least shall not be a physician, surgeon, or apothecary) under their hands, to the clerk of the Commissioners, requiring him to convene a meeting of the said Commissioners, and thereupon the said clerk shall summon the Commissioners *three days* at least before such intended meeting.

*To choose a Chairman.*

And be it enacted, That at all meetings of the said Commissioners, a majority of those present shall choose a Chairman, and that in deciding all questions, the decision of the majority of the Commissioners present, shall be the decision of the meeting; but that in case of an equality of votes, the Chairman shall have a second, or casting vote.

*Appointment of Treasurer and Clerk.*

And be it enacted, That it shall be lawful for his Majesty's Principal Secretary of State for the time being for the Home Department, by an instrument under his hand and seal, to appoint, during pleasure, a fit person to be treasurer and clerk to the said Commissioners, and to allow such person for his trouble, such salary as such Secretary of State shall think reasonable.

*Persons applying for Licenses to give Notice.*

And be it enacted, That every party who shall apply for a license to keep a dissecting school, shall give notice to the clerk for the time being of the said Commissioners, *eight weeks*, at least, prior to any of the quarterly meetings of the said Commissioners, and every such notice shall set forth the name of the person applying, the profession and place of the applicant, and whether the applicant applies on his own behalf, or on behalf of any other person or persons, and shall accurately state the situation of the building or room intended for such dissecting school.

*License to be under the hands and seals of Commissioners.—Fee for License.*

And be it enacted, That every license to be granted by the said Commissioners, shall be under the hands and seals of *three or more* of the said Commissioners, of whom one, at least, shall not be a physician, surgeon, or apothecary, and shall be made out by their clerk, and every license to keep a dissecting school, shall contain the particulars hereinafter directed to be set forth in the notice, to be given by every applicant for such a license, and shall not be granted, or continue in force, for a longer period than *thirteen calendar months*; and for every such license for keeping a dissecting school, there shall be paid by the party receiving the same to the said clerk, the sum of *five pounds*.

*Licenses of Persons dying, &c., to be void.*

Provided always, and be it enacted, That in case any party to whom a license to keep a dissecting school shall have been granted, shall die, or become incapable of keeping such dissecting school, if any other party shall forthwith report the same to the

clerk of the said Commissioners, and shall at the same time give such notice of applying for a new licence to himself, in respect of such school as is heretofore required, then such former licence shall continue in force for the protection of the applicant, as keeper of such dissecting school, until the determination of the Commissioners as to such new licence.

#### *Secretary of State to appoint Visitors*

And be it enacted, That it shall be lawful for such Secretary of State, if he shall see fit, to appoint any of the said Commissioners or Commissioners, or any other person or persons, to be visitor or visitors, for the purpose of inspecting and inquiring into the state of any school or place of dissection licensed by virtue of this Act, and of reporting thereon to such Secretary of State, and every such visitor shall be paid such sum of money for his trouble, as to such Secretary of State shall appear reasonable.

#### *Visitors not to be Keepers or Teachers at Schools*

Provided always, and be it enacted, That no person shall be appointed a Commissioner or Visitor under this Act, who shall keep or be a teacher at any dissecting school, and if any person after his appointment, shall keep or become a teacher at any dissecting school, his appointment shall thenceforth cease, and it shall not be lawful for him to act as such Commissioner or Visitor.

#### *Powers of Visitors*

And be it enacted, That it shall be lawful for every such Visitor, by summons, in writing, to require any person to appear before him, to give evidence touching any matters relating to the execution of this Act, and to examine such person upon oath touching such matters, which oath such Visitor is hereby authorised to administer, and if any person shall, after tender to him of such sum, as may be reasonably required to pay the expenses necessary for his appearing, neglect to appear before such Visitor pursuant to such summons, without assigning some reasonable excuse for not appearing, or if any person appearing shall refuse to be sworn, or to be examined as aforesaid, every person so offending shall forfeit any sum not exceeding *fifty pounds*.

#### *Visitors may visit at all times*

And be it enacted, That it shall be lawful for any Commissioner or Visitor to be appointed by virtue of this Act, to visit at any time any school or place for dissection, to be licensed by virtue of this Act.

#### *Commissioners to make Rules for the regulation of Schools*

And be it further enacted That it shall be lawful for the said Commissioners from time to time to make rules and orders for the regulation of schools and places for dissection licensed under this Act a printed copy whereof shall be delivered to every person taking out a licence under this Act, at the time of taking out such licence, and that the said Commissioners shall cause correct minutes of such rules and orders of their proceedings to be kept by their said clerk, and that such clerk shall, on the *first Monday* in the month of *July* in each year, lay before the Commissioners a full report of all licences for dissecting schools, by them in the preceding year granted, and of all applications for licences by them in the same year refused, and of all licences of which in the same year they have recommended the suspension, revocation, or non renewal, and a transcript of such report shall be transmitted by the clerk of the said Commissioners to his Majesty's Principal Secretary of State for the Home Department.

#### *Licensed Persons may receive certain Bodies for dissection, under the Orders of the Commissioners*

And be it enacted, That it shall be lawful for any party to whom a licence shall have been granted by

the said Commissioners, or to any person acting by authority of such party, so long as such licence shall remain in force under such regulations as may be prescribed by the rules and orders of the said Commissioners, to receive from or by order of any of the persons heretofore authorised to deliver up the same, any such human body as is heretofore permitted to be delivered up, and to remove such body from the place of delivery to the place appointed for dissection in the licence to such party granted, and there to dissect the same.

#### *The bodies of Persons unclaimed, dying in any Hospital or Workhouse, may be delivered for dissection—When such Bodies are claimed for burial, not to be delivered for dissection.—Bodies not to be delivered when so requested by Relatives*

And be it further enacted, That when any person shall die during imprisonment in any prison, or shall die in any hospital or workhouse, and the body of such person shall not be claimed as hereinafter mentioned, or the disposition of such body shall not be otherwise provided for by law, it shall be lawful for the party having the custody of the person so dying in prison as aforesaid, and for the party having the care of the person dying in any hospital or workhouse as aforesaid, to deliver up the body of such person to any party duly licensed under this Act, or to the authorised agent of such party. Provided always, That if within *seventy-two* hours after the death of any such person as aforesaid, any person shall attend to remove the body, and there shall be sufficient reason to believe that such body, if delivered to such person, will be by him duly buried and not delivered up for dissection, the same shall be delivered up to the person so attending as aforesaid. And provided also, That if within the said period of *seventy-two* hours, any person representing himself to be a relative of the deceased, or if he be a body may not be so removed, and there is sufficient reason to believe that the person making such request is really a relative of the deceased, and no nearer relative has made any request to the contrary, such body shall not be delivered up for dissection.

#### *Act not to prevent the holding Inquests*

Provided always, and be it further enacted, That nothing herein contained shall prevent the due holding of inquests by the coroners, but that in all cases where a coroner's inquest may be necessary, no body shall be delivered up by virtue of this Act, until such inquest has been held.

#### *Persons may bequeath their Bodies for dissection.*

And be it enacted That if any person shall, during his lifetime, by any instrument in writing, attested by two or more witnesses, declare that he is desirous that his body, after death, may be delivered up for dissection, it shall be lawful for the executor, administrator, or next of kin of every such person, to deliver up, if they shall think fit, the body of such person for dissection on, provided that *three days* previous to such delivery they shall have given notice to the overseers of the parish in which such person died, of their intention so to deliver up the body, and shall have sent to such overseers, together with such notice, a copy of the instrument, declaratory of the desire of the deceased, and a certificate signed by *three* or more physicians, surgeons or apothecaries, that the deceased came fairly by his death.

#### *Commissioners may grant Special Licences*

And be it enacted, That if in any case not heretofore provided, any party shall be desirous of delivering up, or if any party of receiving, any human body for dissection, or if any party, at any other place than a licensed dissecting school, shall be desirous of dissecting, it shall be lawful for the said Commissioners, if they shall think fit, to grant a special licence for any such purpose as aforesaid,

and to charge for such license any sum not exceeding *two pounds*.

*Certificates to be given with Bodies.*

And be it enacted, That every party receiving any human body for dissection, shall demand and receive, together with the body, a certificate, stating at what hour, on what day, in what month, and in what year, by whom, or by whose authority, and to whom, or on whose account, the body was delivered up; the date and place of death, the sex and (so far as is known at the time) the Christian and surname, parent's age, trade or occupation, and last place of abode of such person, and the party delivering up the body shall deliver and sign such certificate, and the party receiving the body shall enter, or cause to be entered, a copy of every such certificate in a book, to be kept by him for that purpose, and every party licensed under this Act shall produce such book, or a copy thereof, or exhibit therefrom, whenever required to do so by the said Commissioners.

*After dissection, Bodies to be decently buried*

And be it enacted, That every party licensed under this Act shall, after dissection, at his own cost, enclose the remains of every body by him or by his authority dissected, in a separate coffin, and shall, at his own cost, within *twenty-one days* after the receipt of such body, decently bury, or cause to be buried, the remains of the same, with the rites of christian burial, or with such other funeral rites and solemnities as accord with the religious creed of the deceased, or are customary in that part of the kingdom where such burial shall take place, and shall cause entry to be made in the parish register of the parish where such burial shall take place, of the name, age, and abode of the person buried, and of the date of the burial, and of the name of the minister officiating thereat.

*Licenses may be suspended or revoked.—Notice to be given of the same.*

And be it enacted, That if at any time the said Commissioners shall recommend to his Majesty's Principal Secretary of State for the Home Department for the time being, that any license granted by them to any party by virtue of this Act, should, before the expiration of such license be suspended for a time, or revoked altogether, or upon its expiration should not be renewed, it shall be lawful for such Secretary of State, by an instrument under his hand and seal, to be transmitted to such party, to suspend for a time, or to revoke altogether, such license, or to prohibit such party from having the same renewed: provided always, That a written notice of such recommendation shall be sent by the clerk of the said Commissioners to such party *fourteen days*, at least, before the transmission thereof to such Secretary of State.

*Penalty for keeping Schools without License.*

And be it enacted, That if any person, after the *first day of October* in the present year, shall keep a school for the dissection of human bodies, or shall knowingly permit dissection to be taught or practised in any place to him belonging, without having obtained a license for that purpose, in the manner directed by this Act, every person so offending shall forfeit a sum not exceeding *one hundred pounds*.

*Penalty for removing Bodies without a License*

And be it enacted, That if any person shall, after the day last mentioned, knowingly receive, remove, deposit or possess any human body with a view to dissection, without a license from the said Commissioners, or without the authority of a person having such a license, every person so offending, shall forfeit a sum not exceeding *fifty pounds*.

*Penalty for dissecting at unlicensed Places.—Act not to extend to an examination post-mortem.*

And be it enacted, That if any person shall, after the day last mentioned, dissect a human body at any

place not set forth in any license in force, and by the said Commissioners granted, every person so offending shall forfeit a sum not exceeding *fifty pounds*; provided, that nothing herein contained shall be understood to extend to an examination post-mortem of any human body required to be made by legal authority, or permitted to be made by the relatives of any deceased person, or in any hospital or hospital, such examination being made at the place where the person died.

*Any Person not complying with regulations of Commissioners, liable to a Penalty.*

And be it enacted, That if any party licensed by the said Commissioners, or any person acting by authority of such party, shall, after the day last mentioned, knowingly receive, remove, or deliver up any human body, at any other time than shall be specified in the rules and orders of the said Commissioners, or shall remove any human body from any person not authorized by virtue of this Act to deliver human bodies up, or shall remove or deliver any human body to, or receive any human body at, any other place than that set forth in the license to such party granted, or shall on any occasion wilfully expose any human body to public view, or shall receive any human body without such a certificate as aforesaid, every such offender shall forfeit a sum not exceeding *fifty pounds*.

*Penalty for neglecting to register Certificates, &c.*

And be it enacted, That if any party licensed by the said Commissioners shall, after the day last mentioned, on receiving any human body, neglect to register the certificate by him hereinafore directed to be taken, or shall wilfully make any false entry in such register, or shall neglect or refuse to produce to the said Commissioners, at their demand, the book of registry, hereinafore directed to be kept by such party, or a copy thereof or extract therefrom, or shall, on burying the remains of any such body, wilfully neglect to register such burial in the register of the parish where such burial shall take place, the manner hereinafore directed, or shall make or cause to be made any false entry in any parish register, every party so offending shall forfeit a sum not exceeding *fifty pounds*.

*Penalty for omitting to bury Bodies after dissection.*

And be it enacted, That if any party licensed by the said Commissioners shall, after the day last mentioned, omit to bury in the manner hereinafore directed the remains of any human body by him or by his authority received for dissection or dissected, every such offender shall forfeit a sum not exceeding *fifty pounds*.

*Penalty for delivering Bodies to unlicensed Persons.*

And be it enacted, That from and after the day last mentioned, if any person having authority by virtue of this Act to deliver up human bodies for dissection, shall deliver such up to any party not licensed to receive bodies for dissection, every such person shall forfeit a sum not exceeding *twenty pounds*.

*Penalty on Witnesses not attending.*

And be it enacted, That if any person duly summoned to attend as a witness in any proceeding under this Act shall wilfully and without sufficient cause neglect or refuse to attend, or if he shall attend and shall refuse to be sworn to give evidence, every such person shall, for every such offence, forfeit a sum not exceeding *fifty pounds*.

*Commissioners may sue for Penalties.*

And be it enacted, That it shall and may be lawful for the said Commissioners, in the name of their clerk, or for any other person or persons, to sue for the penalties and forfeitures granted by this Act.

*Fees for Licences to go towards expenses of Act.*

And be it enacted, That all monies to be received for any licences to be granted by virtue of this Act, shall be retained by the clerk to the said Commissioners, and from such monies any expenses that may be incurred in the execution of this Act shall, upon the order of the said Commissioners, be paid, and such clerk of the Commissioners shall keep a true account of all such receipts and disbursements, and shall at all times exhibit such account to the said Commissioners when required by them so to do, and shall make up such account to the *thirtieth of June* in each year, and such yearly account, when examined and approved by the said Commissioners, shall be signed by three or more of them, and shall then be transmitted by such clerk to the Lords Commissioners of his Majesty's treasury, who shall thereupon, if they shall think fit, direct the balance, if any, that may be in the hands of such clerk, to be paid into the Exchequer to the account of the consolidated fund of the United Kingdom of Great Britain and Ireland, but if there shall be a balance due to such clerk, it shall be lawful for the Lords Commissioners of his Majesty's Treasury, or three or more of them, to cause the requisite sum to be issued and paid from time to time out of any money in the Exchequer applicable to the growing produce of the Consolidated Fund.

*Recovery of Penalties*

And be it enacted, That all and every the penalties and forfeitures imposed by this Act, shall and may be recovered by any justice of the peace for the city, town, county, riding, or wapentake, within which the offence shall have been committed, and such justices are hereby authorised to summon the person complained of before them, or upon complaint on oath, to issue them a warrant for the apprehension of any such person, and upon the appearance or non appearance of such person, pursuant to such summons, or upon such person being apprehended and brought before them upon such warrant, to hear and determine such offence, and upon conviction of any person such justices shall adjudge such person to have forfeited, and to pay any sum of money in the discretion, not exceeding the utmost penalty or forfeiture imposed by this Act, for the offence of which such party shall be found guilty, and may cause a warrant, under their hands and seals, for levying the sum adjudged by them to have been forfeited and to be paid for such offence, together with the costs attending the information and conviction, by distress and sale of the goods and chattels of the person convicted, and the surplus, if any, after such penalties, forfeitures, and the charges upon such sale are deducted, shall be returned, upon demand, to the owner of such goods and chattels, and in case such penalties and forfeitures shall not be paid forthwith upon conviction, then it shall be lawful for such justices to order the offender so convicted, to be detained and kept in custody of any constable or other peace officer, until return can conveniently be made to such warrant of distress, unless the offender shall give sufficient security, to the satisfaction of such justices, for his appearance before such justices, on such day or days as shall be appointed for the return of such warrant of distress, such day or days not being more than seven days from the time of taking any such security, and which security the said justices are hereby empowered to take, by way of recognisance or otherwise; but if, upon return of such warrant, it shall appear that no sufficient distress can be had thereupon, and the same shall not be forthwith paid, or in case it shall appear by the confession of the offender or otherwise, that the offender hath not sufficient goods and chattels wherewith such penalties or forfeitures, costs and charges, may be levied, were a warrant of dis-

treas issued, then it shall be lawful for any such justices of the peace as aforesaid, and they are hereby authorised and required, by warrant under their hands and seals, to commit such offender to the common goal or house of correction of the city, town, county, riding, or wapentake, where the offender shall be or reside, there to remain, without bail or mainprize, for any time not exceeding three calendar months, unless such penalties, forfeitures, and all reasonable charges attending the same, shall be sooner paid and satisfied, and all such penalties and forfeitures, when recovered, and after recovery of the costs and charges attending the information and conviction shall be paid, one half thereof to the clerk of the said Commissioners for satisfying the expenses to be disbursed in the execution of this Act, and the other half to the treasurer or proper officer of some hospital or infirmary, situated in the county or place where the conviction shall have place, or to any other hospital or infirmary, as he named by his Majesty's Principal Secretary of State for the Home Department.

*Recovery in Scotland.*

And be it further enacted, That if such penalties or forfeitures be incurred in Scotland, they shall be prosecuted for and recovered with expenses in any sheriff's court, at the instance of any person who will prosecute for the same in a summary way, without the pleadings or evidence being reduced into writing, and when recovered shall be disposed of in the same manner as is above provided, with regard to such forfeitures in England.

*Appeal.*

And be it enacted, That any person or persons aggrieved by himself or themselves by any order or judgment of any justice or justices of the peace made in England or Wales in pursuance of this Act, may, within four calendar months after such order or judgment shall be made or given, appeal to the general or quarter sessions of the peace, to be held in and for the county wherein the offence shall be committed, the person or persons appealing having first given at least fourteen days' clear notice in writing of such appeal, stating the nature and matter of the same, to the justice or justices appealed against, and a writ or writs of certiorari entering into a recognisance before some justice of the same county, with two sufficient sureties, conditioned to try such appeal, and to abide the order and award of the said court thereupon, and the justices assembled at such sessions, upon due proof of such notice and recognisance having been given and entered into, shall, in a summary way, hear and determine such appeal at such general or quarter sessions of the peace, or if they think proper adjourn the hearing thereof until the next general or quarter sessions of the peace to be held for the said county, and if they see cause may mitigate any forfeitures or fines, and may order any money to be returned which shall have been levied in pursuance of such order or determination, and all such determinations of the said justices at such general or quarter sessions shall be final, binding, and conclusive, upon all parties, to all intents and purposes whatsoever.

*Commencement of Actions.*

And be it enacted, That if any action or suit shall be commenced or brought against any person for any thing done in pursuance of this Act, the same shall be commenced within six calendar months next after the Act committed, and shall be laid or brought in the county where the cause of action shall have arisen, and not elsewhere, and the defendant in every such action or suit, shall and may at his election plead specially or the general issue, Not Guilty, and give it in Act and the special matter in evidence, at any trial to be had thereupon, and that the same shall be done in pursuance and by the authority of this Act.

*Interpretation of Act.*

And in order to remove doubts, as to the meaning of certain words in this Act, be it enacted, That the word "parish" shall be deemed to include any township, hamlet, vill, tithing, extra-parochial place, or place maintaining its own poor, and that the word "workhouse" shall be deemed to include poor-house, house of industry, charity, work-house, or training-house, for the poor; and that the word "convicts" shall be deemed to include offender and Kirk convicts; and that the word "hospital" shall be deemed to include infirmary, asylum, house of refuge, or other institution for the reception and treatment of sick, maimed, lunatic, or destitute persons; and that the words "person and party" shall be respectively deemed to include any number of persons; and that the meaning of the aforesaid words shall not be restricted, although the same may be subsequently referred to in the singular number and masculine gender only.

*Act not to extend to Ireland.*

And be it further enacted, That nothing in this Act contained shall extend to Ireland.

*Commencement.*

And be it further enacted, That this Act shall commence and take effect, except in the cases otherwise herein provided for, from and after the first day of July in the present year, and not sooner.

## LONDON MEDICAL SOCIETY.

May 4th, 1839.

Mr. CALLAWAY, President, in the Chair.

*Disease of the Semilunar Valves of the Aorta.—State of the Pulse in Diseases of the Heart.—Tying of the Subclavian Artery in a case of Fungus Hematodes.—Specimen of a diseased Stomach.*

THE Minutes of the last meeting were read.

Mr. CLARKE produced a specimen of disease of the semilunar valves of the aorta, very much resembling that produced on the former evening by Dr. Ramadge. The body from which the specimen had been taken, was that of a gentleman of the age of 56. On the 29th April last he had eaten too heartily at dinner, and about seven in the evening took tea. Soon afterwards he retired from his room for the purpose of relieving his bowels, and was immediately heard to fall on the floor. Mr. Briant, a neighbouring medical man, was sent for, and arrived without delay. He found the pulse nearly extinct, and the patient complaining of great pain in the chest; he vomited freely, and very speedily appeared to get well again. He evacuated the contents of the rectum, and Mr. Clarke arrived soon afterwards. Found the pulse feeble, and the patient continuing to complain of great pain in the chest. Gave a draught,

containing ammonia, and the patient expired in a quarter of an hour afterwards. On examining the body after death, the spleen was converted, in a great degree, into a substance very similar to cartilage. The other abdominal viscera were healthy. In the chest the pleura pulmonalis and costalis was adherent to the surrounding parietes. The lungs healthy in structure, but gorged with blood, so as to prevent the ingress of the usual quantity of atmospheric air into their cells. The heart remarkably flaccid. The aortic valves diseased, by which the three had been thrown into one, with a considerable quantity of ossific deposition in it; the blood principally in a fluid state. The brain presented no particular appearance. The author attributed the primary cause of death to the stomach, which having been overloaded might be supposed to have preyed on the heart, afterwards producing aneurysm, which was followed by dissolution.

In reply to questions by several members, the author stated that he had only felt the pulse after the exhibition of the ammonia; it then beat regularly, but hardly perceptibly. The patient had had no cough, nor was there more frothy mucus in the air cells of the lungs than usual. The patient had suffered great misfortunes, and been a very sensible man, which had induced the author to suspect that there might be disease of the heart, but during a year and a half's attendance on him he could ascertain nothing in the state of the pulse to lead to the conclusion that there was. He had never known him to faint, except on one occasion, when he bled him for an attack of pleuritis.

THE PRESIDENT thought it was a question of great importance, whether there were not conditions of the pulse which would enable practitioners to ascertain with accuracy, in cases of disease of the heart, or great vessels, in what particular part of the heart, or vessels, that disease was situated, and the precise nature of it. He thought it a subject worthy of discussion.

Dr. RAMADGE did not place much reliance on the condition of the pulse in diseases of the heart or aorta. In the case he had brought before the Society, the pulse was regular, and did not exceed 70. The radial pulse was not synchronous with the action of the heart.

Mr. PROCTOR thought the President's question of vital importance. He had never known death take place where there was disease of the heart, without that disease having been indicated by the state of the pulse at some time or other; it did not follow that there should be a continuation of the irregularity of the pulse. The state of the digestive organs, and particularly the

condition of the liver, would often affect the circulation, and disease of the heart never proceeded without producing its effect, on some occasions, at the wrist. General bloodletting in these cases sometimes did good, but he had never seen the application of six leeches produce any such marked effect as Dr. Ramadge seemed inclined to attribute to the application of half a dozen leeches, in the case he had related.

Mr. KINGDON knew no organ so likely to cause a derangement of the circulation as the stomach. In his opinion, it was impossible for the left ventricle of the heart to be irregular, and yet to suppose that the arteries had so much power of modification as to cause the pulsation at the wrist to be regular.

Dr. URBIN was sceptical on the general doctrine of the pulsation; there was a great deal of theoretical refinement in it, unsupported by practical experience. He could hardly conceive it possible for any part of the heart to be diseased without rendering the whole pulsatory system irregular; but it had always appeared to him impossible to ascertain, from the state of the pulse, what part of the heart was diseased. It was too customary to attribute structural diseases of various parts to a disordered state of the *chylopoietic viscera*.

Dr. STEWART observed, that a great deal had been written of late, particularly by French authors, upon the pulsation; on the whole, those writings discouraged the idea that, in diseases of the heart, the pulsation at the wrist accorded with the action of the heart; the action of the heart might be intermittent without causing irregularity of the pulse.

Mr. BAKER, surgeon of the Newcastle Infirmary, and a corresponding member of the Society, transmitted a case of considerable length, which was read by Mr. Jones, acting as secretary, in which a tumour grew from the right axilla, extending to a considerable distance around the head of the humerus, and in which the subclavian artery was tied, under an impression that it was a case of aneurism; it proved, however, to be a case of *fungus hæmatodes*. In a short time after tying the artery the tumour became less, and the patient, a girl 18 years of age, appeared to recover; but the disease speedily assumed a more serious aspect, and amputation at the shoulder joint was proposed; to this the patient refused to submit, and in a few days she died. On examination it was ascertained, that the sac of the tumour was generally ossified, resembling a bony net-work, and was filled with coagulated blood. The head of the humerus was separated from the bone. The glenoid cavity

exhibited no morbid appearances, from which it was inferred that early amputation, at the shoulder joint, in all probability, would have been attended with success. The ligatures had effected their object, inasmuch as the obliteration of the subclavian artery had taken place for at least an inch in length.

The PRESIDENT was sure the Society would feel obliged to this gentleman for his communication; but, as in most cases communicated by letter, there were points of importance omitted, on which, of course, no information (the author himself being absent) could be obtained.

Mr. LLOYD observed, that in the communication there was no mention whatever made of the state of the subclavian absorbent glands. From what he could collect, the case was decidedly one of *fungus hæmatodes*. What the author had termed the sac, he should have called the extended periosteum of the bone.

The PRESIDENT thought much credit was due to the author for having tied the artery, inasmuch as the stoppage of circulation through the large vessel, which seemed to have fed the disease, had for a time caused a diminution of the tumour.

Mr. GOSSETT doubted the propriety of following such an example, for even in this case it had produced what he really should describe as no advantage. In another case, which he recollected, where the knee was enlarged in a similar manner, the femoral artery was tied, which seemed to aggravate the disease. Amputation in a month afterwards was performed, and at that time the artery bled as freely as if it had never been tied, thus showing that the operation of tying the artery produced no beneficial effect. These tumours, too, were fed, he believed, not by principal trunks, but chiefly by branches.

Mr. DRYSDALE exhibited a scirrhus stomach, which had been taken from a subject in a dissecting room. In the same subject the lungs were diseased; a calculus was found in the ureter; the subject had had hydrocele, and seemed to be about 70 years of age, but no history of the disease had been obtained. Mr. Carpus regarded this specimen of scirrhus stomach as so beautiful, that he wished to present it to the College of Surgeons.

After it had been handed round the room, the PRESIDENT, Mr. LLOYD, Dr. RAMADGE, and some others, expressed their decided opinion that there was nothing carcinomatous about it; it was simply an instance of chronic inflammation of the mucous membrane and muscular coat of the stomach.

## THE LANCET.

*London, Friday, May 13, 1839.*

An accurate copy of the "Unlawful Disinterment and School of Anatomy Bill," will be found at page 205 of this day's *LANCET*. This Bill was read a first time on Tuesday, May 5, and a second reading was appointed for the Friday following. On that evening it was postponed to the next Monday; from Monday it was again put off to Wednesday, and on the evening of that day, when the Speaker called upon Mr. Warburton to proceed, there being at the time only twenty-six members in the House, that gentleman postponed the further consideration of the Bill to this evening, Friday, May the 15th.

After having bestowed much attention upon this document; after having duly considered its principles, and well examined the machinery of its details; we do not hesitate to avow our belief, that if the Bill become part and parcel of the law of the land, it will fail to produce any of the desirable effects which its promoters seem to anticipate. Experience warrants us in asserting, and with much confidence, that if this Bill become an Act of Parliament, it will neither facilitate the study of anatomy, put a stop to the disgusting system of exhumation, nor prevent the murder of human beings for the price of their corpses.

The question to which this Bill relates, has given rise to so much discussion; the inquiry before the Committee of Anatomy was so complete in all its parts; the cultivation of the science of Anatomy, is of such vast importance to the interests of mankind, and the difficulties of obtaining the requisite materials for that study, had led to such horrible atrocities,—no less than the murder, on one spot, of fifteen human beings for the value of their bodies,—that we had expected a measure, founded on more enlarged princi-

ples, and more simple in its details, than the Bill now before us. The first thing which strikes us as a fatal objection to this document, is the omission of a clause for the repeal of the statute, which consigns the bodies of murderers to dissection. Public prejudices against the practice of dissection must and will exist, so long as this ineffectual, absurd, and barbarous enactment, shall be allowed to disgrace our statute-book. The people naturally ask, "if dissection be not a punishment and a degradation of the last degree of severity, why should it be inflicted on the bodies of the worst of criminals?" And again, they ask, "if dissection be a punishment and a degradation, on what principle of humanity or of justice, is it to be inflicted by Act of Parliament on the bodies of the innocent and unoffending poor?" Who, having the custody of unclaimed bodies, will submit them to the process of dissection, whilst that process is considered by the legislature of the country, as a punishment to be visited only upon the bodies of the most heartless and cold-blooded of criminals?

Let it not be understood that we view dissection as a punishment and a degradation. On the contrary, we regard it as an operation on the dead, necessary for the benefit of the living; on this account it is, that we have invariably endeavoured to remove the obstacles that have opposed the cultivation of anatomy; and regarding, as we always have done, the dissection of criminals as one of the great sources of prejudice in the public mind on this subject, we have ever insisted on the necessity of repealing that statute which consigns the bodies of murderers to dissection. In doing this, we have, on no occasion, lost sight of public security; we have been, and are, firmly persuaded, that no man's hand was ever yet deterred from the shedding of human blood, by the fear of dissection after death.

Who, having the least knowledge of human nature, or of the motives which govern

human actions, can believe that the man who in cold blood can deliberately plunge his knife into the heart of an unoffending victim, would be deterred from striking the blow from a conviction that his own body would be mutilated, after it had become destitute of sensation. Such an assumption is too absurd to be deliberately met by argument. The dissection of criminals, in truth, has had no other effect than that of throwing almost insuperable obstacles in the way of cultivating human anatomy in this country. It has created in the public mind a bitter prejudice against the practice of dissection, because the people have been long taught to associate it with the severest of punishments, and the worst of crimes. On these grounds we confidently predict that neither this, nor any other Bill, if passed into a law, will have the effect of facilitating the study of anatomy, unless it also provide for the repeal of that statute which consigns the bodies of murderers to dissection, and thus disconnect the operations of the executioner and those of the anatomist.

Looking upon the omission, of which we have thus spoken, as a fatal obstacle to the success of the Bill, we shall not discuss its various clauses at any great length. It is questionable, indeed, whether the measure in its present shape will reach a third reading, even in the House of Commons; but, should it ultimately pass into a law, it will, we are convinced, be amended or repealed in the next session of Parliament. Under these circumstances, we look upon its success or failure in the House, with comparative indifference.

The first clause refers to the unlawful disinterment of bodies, and provides an imprisonment, not exceeding six months, for the first offence, and for the second, two years. In this we cannot discover a greater security against the practice of exhumation, than that which the public possess under the existing law. Resurrectionists are often

sentenced to several months' imprisonment, when caught either on burial grounds, or with bodies in their possession which they had exhumed. MURKIN, the superintendent of the dissecting room at St. Thomas's Hospital, was tried at the Old Bailey in the spring of 1823, for having been found with a spade and such in his possession on the burial ground of the London Hospital. He was found guilty, and sentenced to three months' imprisonment and exercise at the treadmill, in the House of Correction, Cold Bath Fields. The poor fellow died in confinement before the expiration of his sentence. In the *Morning Chronicle* of January 22, 1824, there is a report of the trial, at Durham, of a member of the College of Surgeons and a medical student, for having taken a body from the Sunderland churchyard. They were found guilty, and the Court sentenced them to three months' hard labour in the House of Correction. And the more recent cases of Messrs. Hall and Davis, and Mr. William Cooke, of Exeter, must be fresh in the recollection of our readers. If, then, it be the intention of the legislature to entirely do away with the practice of exhumation, we believe that a much more severe punishment must be awarded to the offender, than a six months' imprisonment, and, in our opinion, nothing short of seven years' transportation will effect the desired end.

Even this quantum of punishment, we believe, would still be ineffectual, unless accompanied with a penalty equally severe for the buying and selling of bodies. If the horrid traffic in human flesh be not, by some means or other, prevented, the churchyards will not be secure against the shovel of the midnight plunderer, nor the public against the dagger of the midnight assassin. Parliament should recollect, that the sale of a single body by the atrocious Burke, for the paltry sum of four guineas, led to the perpetration of no less than fifteen murders. If, then, the temptation of four

gallows was stronger than the fear of the gallows, will not the temptation of eight or ten guineas be too strong for the fear of six months' imprisonment? Is it uncommon for a man to risk the penalty of death, by plundering a field of a sheep, a booty which is of still less value? If for so trifling a sum he will encounter such a risk, can there be a doubt that he would hesitate to rob a churchyard with a prospect of more than double the gain, with probably less risk of detection, and a penalty, if detected, of an imprisonment not exceeding six months? But it may be objected, that the Bill provides against the disposal of bodies illegally obtained. That it does this to a certain extent, we are ready to admit; but the clause on this head may be easily evaded, as time will show, if the Bill become a law. Further, the last clause but one in the bill is this:—

“And be it enacted, That nothing in this Act contained shall extend to Ireland.”

Now should there, at any time, be a scarcity of subjects in the Irish Schools of Anatomy, can any man in his senses fail to believe, that the burial grounds of England would furnish them with a plentiful supply? Would the fear of six months' imprisonment deter the resurrectionist from embarking in so profitable a speculation, and would not the prospect of gain in that case, as it already has done, lead to the commission of murder? Why should Ireland hold out invitations to the commission of such enormities in this country? Is not Ireland a part of Great Britain? Why then should it be excluded from the operation of the proposed law? We can tell the Legislature, that there will be no security against resurrectionists and murderers, until the traffic in human flesh is *effectually* put down. Let the buyer be subjected to the same punishment as the thief, and in neither case let that punishment be less severe than transportation for seven years. Infamous as were Burke and his associates, the villains would

not have destroyed their fellow-creatures merely for the pleasure of killing. The conduct of these wretches, and some others nearer home, has most clearly established the fact, that the security of the public depends upon the extinction of the trade in human flesh. The Bill, therefore, should effectually provide against the buying and selling of dead bodies. It is a practice which lessens the teacher in the estimation of the student, and induces the latter to view the labours of the former rather as a filthy source of profit, than as the cultivation of a useful and noble science. The student should only be subjected to such an expense for bodies as must necessarily arise from their conveyance to the dissecting-room, and the expenses of “burying the remains.” The materials of such a science as anatomy, cannot be obtained too cheaply; and the man who shall reduce the present enormous expense of medical education, will render a most essential service to his country.

The second clause of the Bill provides, that the Secretary of State for the Home Department, shall be empowered to appoint not fewer than seven commissioners for licensing Schools for the dissection of human bodies, the majority of whom shall not be medical men. These persons are to be empowered to grant, or to revoke licenses, to examine witnesses on oath, levy penalties, &c. &c. This scheme, we understand, originated with the members of the Council of our College, and truly it is in every way worthy of its source. It was well devised to throw new powers into the hands of that body. But, we hope and believe, that such a preposterous measure, will not receive the sanction of Parliament. The majority of the Commissioners not being medical men, it is not of course intended, that the candidates for the licenses shall submit to any professional examination; hence the only pretext for establishing this Board must be, that some responsible authorities should always be acquainted with the places where dis-

sections are practised. This object is doubtless a laudable one. But would it not be obtained with much less trouble, and with far less expense, if magistrates were to be invested with the powers which it is here proposed to place in the hands of these enlarged Commissioners? Instead of the proposed commission, and system of licensing, we would suggest, that every legally qualified physician and surgeon, belonging to the English, Irish, and Scotch Colleges, be empowered to dissect bodies obtained from the persons authorised to give up the same, in the 18th and 20th clauses of the Bill, the proprietors of anatomical schools, immediately on opening their institutions, should send notices to the nearest magistrate or bench of magistrates; and the magistrates, from that moment, should be at liberty to send officers to inspect the establishments. Private practitioners, who from time to time may be enabled to obtain bodies from the persons authorised to give them up, should be permitted to dissect on forwarding a notice to the nearest magistrate or bench of magistrates, that they either have, or are about to have, such bodies in their possession, for the purpose of dissection. A copy of the certificate received from the owner or other person who has the custody of the body, should at the same time be sent to the magistrate, and at all times be open to inspection. Thus the already constituted legal authorities throughout every part of the kingdom, would be enabled to exercise a much more vigilant and effectual guardianship, than any seven or seven dozen Commissioners; and if the PENALTIES for not transmitting such notices to the magistrates be THE SAME as those proposed to be inflicted for keeping a school without a licence in the one case, and dissecting without a licence by a private practitioner in the other, we cannot discover the slightest reason why this plan should not be adopted in preference to the appointment of a new Board of Commissioners. The penalty

being the same in each case, of course the security is the same; that is, if the security be deemed to depend on the risk of incurring the penalty. It really is to be expected that the country practitioner is not to be at the expense and trouble of sending to London for a licence, which may cost him five pounds every time he may have an opportunity of obtaining a subject, from the parish workhouse or neighbouring goal.

We hope, finally, if the Legislature should pass an Act to prevent the "unlawful disinterment of dead bodies, and to regulate our schools of anatomy."

That it will repeal that portion of our criminal law which consigns the bodies of murderers to dissection.

That it will extend to Ireland.

That it will effectually prevent the buying and selling of human bodies.

That it will empower all legally qualified physicians and surgeons, and their pupils and apprentices, to dissect such bodies as they may lawfully obtain, upon giving "notice" to the nearest magistrate, or bench of magistrates, and without incurring any charge for the registry of such notice.

That it will compel the Council of the College of Surgeons to admit any candidate for a diploma to an examination, without the production of a single certificate, and,

That the Act will treat the Court of Examiners and Council of our crafty, designing, monopolising College, whose narrow-minded policy and bare faced avarice have caused all our professional difficulties, with the same superlative and blighting contempt as is evinced towards them in the Bill now before us.

## ST. THOMAS'S HOSPITAL.

### EXAMINATION OF STUDENTS.

THE examinations for the prizes annually given to the students of St. Thomas's Hospital, lately took place in the theatre of this

institutions, in the presence of the medical officers.\* That for the senior prize, on Monday the 4th May, when it was awarded to Mr. Davis; and that for the junior, on the preceding Thursday, which was adjudged to Mr. H. W. Stotham. The examiners were Messrs. Green and South, (the lecturers,) and Messrs. Macdonald and Solly (demonstrators).

## ST. BARTHOLOMEW'S HOSPITAL.

### SURGONS' VISITS.

THE lectures at this hospital having been concluded, Mr. Earle has changed his mid-day hour of visiting his wards, as he did last summer, to eight o'clock, A.M. He therefore now goes round at eight every Tuesday and Friday morning, leaving to the gentlemen who accompany him, the opportunity of also attending the practice of Messrs. Vincent and Lawrence, who continue to pay their visits as usual.

## EXTIRPATION OF THE UTERUS.

*Communicated by Dr. BLUNDELL.*

*To the Editor of THE LANCET.*

SIR,—The body of Mrs. Moulden, the woman from whom the uterus was removed by the scalpel, having been inspected by Dr. Hodgkin, of Guy's Hospital, with great care, I beg leave to transmit, verbatim, the account which this gentleman has given of the dissection. Dr. Hodgkin's talents and great accuracy in morbid dissection, are I believe well known to the profession; and I presume, that to those who know how to appreciate them, it will be a subject of general satisfaction, that the investigation has fallen into such impartial and able hands. The case now stands before the profession, complete in all its essential parts.

I am, Sir,

Your humble servant,

JAMES BLUNDELL.

On the George-street, Westminster,  
May 12, 1859.

### *Examination of the body of Mrs. Moulden aged about 50 years.*

She had been admitted into Guy's Hospital labouring under constipation. Very nearly a year before her death, she underwent the operation of extirpation of the uterus, which operation was performed by Dr. Blundell, for the cure of carcinoma of that organ.\* Before the operation, she wore the cachectic aspect which generally accompanies that disease, and was much reduced in flesh. The operation was performed with great dexterity, the patient recovered from the effects of it remarkably well, gained flesh very considerably, and felt so much relieved, that she styled the day on which the operation was performed, her "second birth-day." The ovaries of this woman were not removed with the uterus, and it is worthy of notice, that strong sexual desire remained. She had an occasional sanguinolent vaginal discharge. For a very few weeks before her death, her bowels became irregular, inclining to constipation. This symptom became more marked about five or six days before her death, the constipation being complete. Injection, however, might still be thrown up, and no stricture of the intestine could be discovered within the reach of the finger. The abdomen became much distended, but during the whole or far greater part of the time, there was no attendant pain, the pulse was very little affected.† The inspection was made at nine o'clock in the morning, about thirty hours after death. The body was plentifully supplied with fat, even rather to excess; the breasts were large, presenting full sized glands, supported by abundance of fat, they were perfectly healthy, presenting not the slightest indication of carcinoma. The areolæ were remarkably pale for a female who had been a mother. The marks of parturition were evident on the abdomen, which, as during life, was much distended. On examining the external genitals, a dirty brown secretion was observed in the vagina, and some irregularity seen at the mouth of the canal, which suggested the idea that there existed some ulceration at that part, but this was by no means the case; the vagina, which was of about the length of one's finger, was closed above by a soft but irregular surface.

The head was not opened.

Chest.—There were strong and pretty general old adhesions of the pleura. The lungs were crepitant, and not particularly loaded with blood. The heart was healthy and rather small, and there was some discoloured fluid in the pericardium.

\* See *Lancet and Medical Gazette*.

† For further particulars, see case by Dr. Bright.

**Abdomen.**—There were three small fatty tumours on the median line above umbilicus, protruding, as berries, through small openings in the fascia, but not communicating with the abdominal cavity. There was some fluid effusion (rather more than a pint) in the peritoneum, it was of a deep and dingy brown or chestnut colour, but not very turbid, it contained a few very small shreds of coagulable lymph. The caecum and its appendix, and more particularly the colon, were much distended. A considerable part of the small intestine was likewise much distended, but the upper portion was of its natural size, the peritoneum was generally minutely injected with blood of a dull brown or venous colour, this might have been ascribed to congestion, had it not been most decided and conspicuous along the angles formed by contiguous convolutions, precisely where coagulable lymph is apt to be most abundant, when peritonitis is accompanied by plastic effusion.

The omentum and . . . . . were loaded with fat. . . . . tum and convolutions of intestine to gain a view of the pelvis, the lower, or true, or that situated inferiorly to the brim, appeared completely full, being covered by a floor of peritoneum, in which the following points might be observed.—Immediately behind the os pubis was a pretty even surface of about two or three square inches, formed by the bladder. This was bounded posteriorly and to the right, by a slightly elevated ridge, which extended from the ilium to the right of the median line, to near the spot where the os pubis joins to the ilium, it proved to be the remains of the right round ligament. On the left lay the very much distended termination of the sigmoid flexure of the colon: immediately behind that part of the ridge formed by the right round ligament which is nearest to the median line, there was a slightly elevated roundish projection, nearly as large as a moderate-sized walnut. Behind this, and rather to the right, there was a blind opening in the form of a cul de sac, capable of receiving the last joint of one's finger; a broad fold of peritoneum extended from this projection, in the direction of the sacro iliac symphysis; it appeared like a trace of the broad ligament, but probably it was only an adventitious fold of the puckered peritoneum posteriorly; towards the prominence of the sacrum, there was a smooth surface, covered by peritoneum, in size about equal to the space formed at the anterior part by the peritoneal surface of the bladder. The left side, as has been before stated, was almost wholly occupied by the distended colon. Some short bands and bridges of adhesions were observable on this floor of the pelvis, especially at the back part of the

nodulous projection before mentioned, and between the colon and the internal extremity of the right round ligament. No trace of either ovary could be detected at this part of the examination; a few small flattened scirrhous tubercles were observed immediately under the peritoneum, near to the spot from whence the uterus had been removed; the most considerable of these was about the size of a sixpence, and was formed under the peritoneal coat of the bladder: the finger again introduced into the vagina, approached the nearest to the internal surface, just before the anterior margin of the before-mentioned nodulous projection. The contents of the pelvis were next removed, consisting of the bladder, vagina, rectum, and the last part of the colon, and the remains of the uterine appendages. Uterus, of course, there was none. The bladder was divided through the median line; it appeared to be quite healthy, with the exception of the scirrhous tubercles under its peritoneal coat. The vagina laid open at its anterior part, appeared perfectly healthy, except quite at the upper end, where it was uneven, partially ulcerated, and partially bright red, from increased vascularity, connected with a mass of soft cerebiform matter. It was this mass, of about the size of a walnut, which formed the nodulous projection seen on the inner side of the abdomen. There were some piles at the verge of the anus, above which, for about four inches, the intestine appeared to be healthy, but it suddenly became much more contracted, and, in one part, scarcely allowed the passage of the enterotome; its coats were greatly thickened, the muscular assuming that appearance which has been described as hypertrophy. The mucous membrane was rather reddened, and in some parts was uneven, and was more firmly adherent than is quite natural to the subjacent coat; a few tubercles, consisting of softened cerebiform matter, having the consistency of paper-hanger's paste, were situated beneath the mucous membrane at this part. The intestine was not only thus altered in texture, but also took an unnaturally tortuous course, near to the part which is continuous with the colon. It appeared that this position of the gut contributed scarcely less than its contraction, to produce the constipation under which the patient had laboured. The left round ligament was discovered beneath that portion of the colon, which was bound down as before related; it was traced almost as far as the internal extremity of its fellow. The remains of the ovaries were not found without considerable difficulty, but it appeared that they were brought into near approximation to each other, almost immediately behind the internal or divided extremities of the round ligaments, where

they appeared to have occurred in closing the aperture formed by the removal of the uterus. The structure of both was considerably altered, in consequence of their being throughout affected with fungoid disease.

The fat within the pelvis, and surrounding the parts already described, was remarkably firm. It was interspersed with a few small scirrhous or fungoid tubercles; there was, likewise, a mass of considerable size, presenting the texture and firmness of true scirrhus, extending on the left side from the parts before mentioned, as far as the iliac vessels, which were implicated in it. Two or three small round calculi were found within the pelvic veins. Neither the inguinal nor lumbar glands could be said to be much, if at all enlarged, though one or two in both of these situations, contained a small quantity of softened cerebriform matter. The distended intestines contained dark-coloured, unhealthy, pulaceous feces. The appendix caeci was nearly filled with the same materials, but also contained a little air. The mucous membrane of the alimentary canal appeared pretty healthy.

The liver was also tolerably healthy. The spleen was remarkably small, scarcely weighing one ounce and a quarter. It was deeply fissured, but its structure was natural.

The right kidney was of the ordinary size, and healthy; the left, which was almost lost in its large tunica adiposa, was scarcely bigger than an almond, but its corresponding renal capsule was of at least the ordinary size.

*Remarks subjoined by the Communicator*

1st. The continuance of the sexual desires, notwithstanding the ovaries were so much changed in texture, and reduced to a mere vestige, is very remarkable. The fact, however, was ascertained beyond all doubt. 2d. The good condition of the whole habit deserves attention, and the rather, because the left kidney was no larger than an almond, and the spleen was of small size, scarcely weighing one ounce and a quarter. 3d. It deserves remark, too, that the parts which lay contiguous to the original seat of the uterus, were become affected with organic disease; these parts being the head of the vagina, the back part of the bladder, the ovaries, the lumbar glands, and the upper part of the rectum. 4th. It should be observed further, that the general state of the contiguous parts was more healthy than we might have expected; and that the state of the disease in these parts, with the exception of that found in the head of the vagina, did not wear a very formidable aspect; that the general condition of the habit had not been much influenced by the disease, which had thus remained in the

pelvis, or been produced afresh, during the twelve months after the operation had been performed; and further, that it may be fairly doubted, whether, subsequently to the extirpation of the uterus, the disorganising changes still, with the exception of those in the head of the vagina, have been increasing, stationary, or on the decline. 5th. After performing operations on the abdomen of a rabbit, on examining the parts a few months afterwards, I have repeatedly observed these large balls or cysts, as big as a moderate-sized orange, filled with a matter like custard; and this, although previously to the operation, the animals were perfectly healthy, I presume there is no essential resemblance between the abdominal formations in these animals, and the cerebriform materia formed in this case, the substance of one or two glands, and at the head of the vagina. But there is a sort of remote analogy which merits notice. 6th. When the operation was performed on Mrs. Moulden, I purposely left behind the indurated portion of the vagina in this dissection; for though it seemed an evil to do so, I deemed it a greater evil, under all circumstances, to remove it, as there would have been a risk lest she should have died upon the bed, which would, most probably, have ruined the character of the operation at once. 7th. After inspecting the parts, my own opinion is, that if the woman had lived, the malignant disease would have been removed; but, on this point, of course the reflective will judge for themselves, whether the apparently malignant disease at the head of the vagina, would have been renewed at all, if so part of the indurated structure had been left behind, may be doubted; and it may be doubted, too, whether, this part remaining, the disease would have been reproduced with that degree of rapidity which would have speedily brought her life into danger. 8th. It may be satisfactory to some to know, that this account of the dissection proves that the womb was entirely taken away. The appearances on dissection, too, seem to confirm the opinion originally given respecting the malignant nature of the disease; the case, as it now stands, demonstrates that a patient may recover after the extirpation of the entire uterus, and this too, its structure having previously undergone a malignant change. 9th. The patient seems clearly in this case to have died from constipation, produced mechanically from constriction, and altered position of the bowels. When the disease first made its attack, her pulse was round, soft, and under 90, in the minute for two or three days together, and she had no inflammatory tenderness, though there was much spasmodic pain. 10th. Under all circumstances, it might be said, that the case does not enable us to decide whether,

for extirpation of the uterus, a cure may, in general, be expected to prove permanent; no far, however, as the whole case enables us to draw any conclusion, it seems to show there is a risk of a return; but, I conceive more lights were wanted to enable us to decide; it is not to be forgotten that an indurated portion of the vagina was left behind, and that from a single case no general inference can be drawn; that the glandular system was so little affected, is, perhaps, an auspicious circumstance. 10th. The death of Mrs. Maulden has occurred about twelve months after the operation. The womb was removed on the 19th of February, 1838, and she died in Guy's Hospital, 1839, on the 7th of February. A week or two before her last illness, I saw her in high health and spirits, and it was then that she spontaneously used the remark, that the 19th of February was her second birth-day.

## ST. BARTHOLOMEW'S HOSPITAL.

### OPERATION OF LITHOTOMY—FATAL TERMINATION.

JAMES BENTLEY, æt. 62, was admitted on Tuesday, May 5, into Barker's Ward, under the care of Mr. Lawrence, for the purpose of undergoing the operation of lithotomy. The patient is slender, of short stature, dark complexion, gray hair; and is a farmer, from the neighbourhood of Reigate. States that, between five and six years past, he has laboured under symptoms of stone in the bladder, but that neither the inconvenience occasioned, nor his pains, have been very great till of late, and then only when he has been emptying the bladder, taking long walks, or working in the fields. Was recommended to be under the care of Mr. Lawrence by his medical attendant in the country, and is quite ready to submit to the operation. On sounding, the calculus is easily felt and heard. Operation appointed for Saturday, at half past twelve o'clock.

3. Says that he feels no pain whatever when sitting, or keeping himself quiet. Has been occasionally subject to what he has been informed is a *liver complaint*, for the last fourteen or fifteen years, and for which, for some time, was under the treatment of Dr. Syntz. Has no cough. Tongue rather white. Pulse regular. Wishes to know whether, if he could live without having to work or take much exercise, it would not be advisable for him to postpone having the operation performed. Mr. Lawrence strongly recommends the operation now, regarding all the circumstances of particularly favour-

able for its performance. Ordered to have a dose of castor oil early to-morrow morning.

9. Has had a catheter, and the bowels have been moved. At twenty-two minutes and a half before one o'clock, he was conducted, blindfolded, by the sister of the ward, into the operating theatre, and seated on the table. Here he was allowed to sit for one minute, without any thing further being done, the operator (most unusual) not having got his instruments quite ready, before the poor man was brought in. Mr. Lawrence having now advanced to him, and taken hold of his hand, inquired how he felt? "Why, Sir, not very well this morning at all," was the reply. "I feel just as I have felt on past occasions, before I have been taken ill. I have had a violent stitch shooting across my loins, from the effects of which I have not yet recovered." A few minutes before being taken into the theatre, he stated, for the first time, that he had long been subject to attacks which he denominated *fits*—not exactly (from his description) *epileptic fits*, but attacks of convulsions or nervous tremours, attended by sickness. His statement, however, of not feeling well at this moment, was attributed more to the alarm in his mind at the proceeding about to take place, than to anything else; therefore no attention was paid to it, but the necessary preparations immediately proceeded with. The next minute and a half were occupied in sounding him. The operator, Mr. Vincent, and Mr. Stanley, tried, and distinctly felt the stone. A minute and a half were now consumed in tying and placing him conveniently, which were done by Messrs. Vincent and Stanley; the former gentleman held the staff. The operator commenced by making the external incision with a common scalpel. Having got into the urethra with the third motion of the instrument: with Blizard's knife, the bladder was immediately and freely entered. The stone being next felt with the finger, the straight forceps were introduced, and the stone, without difficulty, grasped. Twice it escaped from the forceps, in the efforts to withdraw it. Having been laid hold of a third time by a pretty good pull, (it not having been grasped at last, in quite the most convenient form, by the forceps,) it was brought out at fifteen minutes and twenty seconds before one. Three minutes and a quarter having been occupied from the commencement of the first incision to the complete extraction of the calculus. The stone was of the mulberry kind, and about the size of a small paillet's egg, but of a subovate shape. In the course of cutting through the parts, a jet of blood denoted the division of a small artery, or branch, probably beyond what is usually cut, but still the patient was removed to bed without the least

of much blood. He bore the operation with great fortitude.

Eight o'clock, P.M. For an hour or two after the operation, he appeared to rest and feel as well as could possibly have been expected; but, about four, he began to have nervous tremours, which, together with considerable exhalation, as it seemed from a continued slight hæmorrhage, exciting alarm in the minds of the dressers, they sent for Mr. Lawrence, who has just arrived. Though the dressing has still been going on, the tremours often repeated, and the countenance anxious, Mr. Lawrence considers the pulse quite as full as he could wish, under such circumstances. Ordered forty drops of the tincture of opium, to be taken immediately, a little brandy and water occasionally, and to be kept quiet.

10. After attending to the last prescription, some hours of sleep were obtained. At half past twelve, ten minims more of the tincture were given, and six ounces of brandy and water ordered by the house surgeon. Further repose was in this way procured. This morning presents no more favourable symptoms. Directed to have 20 drops of the tincture, and to take the brandy often.

Four o'clock, P.M., Mr. Lawrence, accompanied by Mr. Brodie, has just paid a visit. The water passes freely through the wound. The bleeding is still kept up in a small degree; the tremours have been very violent; exhaustion very considerable; pain in the region of the liver upon pressure, with sickness, but no vomiting. Countenance pale and anxious; pulse feeble; tongue dry and rather brown; bowels have not been opened. Mr. Brodie's prognosis is favourable, but Mr. Lawrence's opinion is more doubtful. Ordered a drachm of the sulphate of magnesia, and five drops of the tincture of opium, in half an ounce each of peppermint and pure water, to be taken every hour until the bowels are relieved.

11. Five, A.M. The sinking having progressed, and feeling unable any longer to take the brandy and other ingredients of the prescriptions, a little arrow root has been offered, but of which he can scarcely partake. Soda water has now been written for, and ten grains of the subcarbonate of ammonia ordered to be given occasionally in the effervescing draught.

Two o'clock, P.M. It is with great difficulty the pulse at the wrist can be felt; tongue brown and dry; breathing short, difficult, and quick. Complaints of acute tenderness and pain in the epigastric region, and cannot bear the slightest pressure over the abdomen. Mr. Lawrence thinks it probable, that a degree of peritonitis has now been set up, but that that cannot be regarded as the cause of the unfortunate termination

of the case, which is evidently very shortly to take place. The poor man has been anxiously watched over by his rather aged wife, who arrived from the country yesterday to be with him. Died at half past three, having continued sensible to the last, and almost able to speak with his closing breath.

12. The post-mortem examination was made this morning at half past seven o'clock, by Mr. Lawrence, in the presence of Messrs. Earle and Stanley, and one or two of the dressers. The cause of the examination having been undertaken so early, (which gave offence to many of the pupils who wished to have been present, but who, having had no notice that it was to take place at this hour, were deprived of the benefit of the inspection,) was, that the relatives objected to an examination at all, and were determined to remove the body early in the forenoon. On dividing the abdominal parietes, there was slight evidence of peritonitis; slight bruises of the soft parts, but nothing material in this respect. The bladder contained no blood, was empty and contracted. Throughout a great portion of its lining mucous membrane, there were small red specks, like deposits of blood, under it. Near the incision into the bladder, apparently a fold of mucous membrane hung pendulous, very much resembling the uvula in shape. Supposed, that when the knife entered the bladder, the organ must have been considerably contracted, the mucous membrane in folds, and that the knife must have thus almost separated one of these folds. It might also have been in part produced by some rough parts of the stone in its exit from the bladder, the forceps not having grasped it, and protected the sides of the wound from being injured by the rough specks, in the most complete manner. The urethra was fairly and freely cut into; the bulb was uninjured; only one incision into the bladder. No large vessel could be found to have been wounded. Slight effusion of blood into the cellular tissue, between the rectum and bladder. The soft parts in the course of the incision ecchymosed, but to no higher degree than might be expected to take place in all wounds of the kind, however favourably cases may terminate. The kidneys and ureters healthy, but pale. The liver small, and very pale; had evidently been diseased, but no recent attack traceable in it. The internal coats of the cavities of the heart, and of the tricuspid and mitral valves, thickened. The semilunar valves of the aorta slightly reticulated, and a little round opening at the attachment of each, through which there might have taken place a reflux of blood. The coronary arteries large and thickened, but not ossified. The lungs not diseased. The extrinsic part of the brain a little darker

than usual, and, on the whole, the organs a little more than usually vascular. The loss of blood, though the whole quantity could not have exceeded a quart, was considered sufficient to account for the unusually pale appearance of all the contents of the abdominal and thoracic viscera, in this previously exsanguinous, and, as it turned out, weakly-constituted man. All agreed, that no morbid appearances could be detected to account for death, or to lead to any other conclusion, than that dissolution must have been occasioned from the shock the nervous system had sustained by the operation.

#### TUMOUR OF THE KNEE.

Mary Hayward, *etat.* 25, was next introduced to the attention of the crowded theatre, for the purpose of having a small tumour removed from the right knee. This girl entered at the request of somebody, (certainly not the surgeon, for he was engaged at the other end of the room,) and walked to the operating table, wet with the stream of blood on the floor that had issued from the patient who had just been removed, and proceeded towards placing herself upon the table, which was still covered with the sheet upon which the operation of lithotomy had been performed, and of which a considerable portion was actually drenched with blood. The poor thing having stepped first upon the chair at the lower end of the table also besmeared with blood, stood wringing her hands, and throwing her eyes first upon the floor, next upon the appalling table, then across the theatre, and next towards the ceiling, trembling and weeping in the most pitiable manner, until, at length, a dresser on each side humanely took her by the arms, and assisted in laying her down on the table thus conditioned; which, with its appendages, seemed to make her suffer much more keenly than the man who had had his bladder cut into. Mr. Vincent, during all this time, was engaged with Mr. Lawrence and the other surgeons, close to the library door, some distance from the patient, conversing, probably, upon the operation that had just been performed; the two sisters, actually two of them, were joking and laughing at the spectacle with some of the pupils; and the area around the operating table, which ought to have been occupied by the operator and his assistants only, was crowded with practitioners, dressers, pupils, and strangers, to a degree, that created a scene of perfect confusion; and, in the midst of it, was this young female elevated on the chair and crying most bitterly.

According to the statements of the patient, this indurated tumour, not much larger than an almond, situated at the outer edge

of the patella, first made its appearance several years ago, but had only occasioned her pain in a degree sufficient for her to complain of it, within the last four months. When she walked much, or knelt, the pain was very violent, and she had been advised to have it removed. There was now no inflammation about the growth on the knee, nor any discoloration of the covering skin or integuments.

Messrs. Vincent, Earle, and Stanley, having carefully examined the tumour, one of them observed, that he by no means recommended the removal of it; he should offer up his prayers standing for the next fifty years, rather than submit to have it taken from his own knee, were it there. The girl, however, having come for the purpose of having the operation performed, and Mr. Vincent seeing no objection to it, he proceeded to remove it. In consequence of the pressure of individuals in the operating area already alluded to, it was only with considerable dexterity, that the eye of any person from the proper situation of spectators in the theatre, could get an occasional glimpse of the operation as it proceeded. A longitudinal section of the skin appeared to be made over the tumour, and the lips dissected back, with the view of then cleanly turning out the enlargement. The growth, however, was picked out piece-meal. In twelve minutes after making the first incision, the first piece, nearly the size of an almond, and somewhat of its shape, was got away, which Mr. Stanley cut open, and exhibited to some gentlemen near him, while the rest of the operation was proceeding. It was an old, enlarged bursa, the fluid having become absorbed, and the coats thickened and hardened. The remainder of the operation, was completed in four minutes more.

When a view of the operation was at times obtained, the operator's hands were found to be at work, an assistant holding off a portion with a tenaculum, another with forceps, and a third with his finger and thumb. But the weeping, and cries of the patient, "let it alone, let it alone! don't pull it about any more! don't, I tell you, pull it about any more! plaster it up! I won't let you cut it any more, I won't, I won't!" and cries of "heads! heads!" and hisses, because the latter were not attended to, entirely did away with the ordinary view and benefit derived from the performance of operations in this theatre. To such an inconvenient extent did the operator's good nature and courtesy extend to those around him, that he actually permitted some of them, as was observed in parts of the theatre, to crowd so thick upon him, and even before him, as to cause him to raise his head and shoulders above those of others, (thus inadvertently conducting themselves,)

to perform parts of the operation with his arms completely extended before him. Thus was the operation gone through, but still the girl was left lying on the table, till after the exhibition and removal of the following patient!!

NAEVUS MATERNUS.

Mr. Earle now ordered to be brought in a child apparently ten or twelve months' old, who had two naevi, the one arising from the forehead between the orbits, and extending obliquely down along the right side of the nose towards its extremity, of a livid, purplish colour, projecting somewhat in the form of a finger, and gradually becoming flattened towards the inferior extremity; the other in the back, nearly over the middle of the spine, reddish, about the size of half an orange, of a mottled, and rather vascular, appearance. Mr. Earle then said, "You will observe, gentlemen, that the naevus on the forehead is subcutaneous, but making its way to the surface, particularly towards the centre. It has been proposed to vaccinate naevi. The operation has been performed, and the inflammation which followed has been successful in producing the obliteration of the tumours. Now, I regard this as a very favourable case for trying the vaccination, from the circumstance of the skin covering the naevus being perfectly healthy. One instance I know, in which the vaccine fluid failed, in consequence of the vaccination being modified by the diseased structure of the parts. The punctures were made into the red vascular skin, and instead of the vaccination going through the usual process, the parts inflamed rapidly, and presented more the character of a secondary vaccination than any thing else; they inflamed more rapidly, and there was not the natural areola of inflammation, thickening, and condensation of the integuments, which result from proper vaccination, and on which the success of the operation depends. I shall vaccinate this, in a day or two, with four or five punctures, and I hope the vaccination will take full and complete effect. It is particularly desirable it should do so, as, from the situation of the naevus in the neighbourhood of the eye, it will hardly be possible to perform any other operation for its removal, and it is rapidly on the increase. The naevus on the back might be operated on in various ways, but as I mean to vaccinate the one on the forehead, I shall also vaccinate that on the back, giving both a fair trial. Though the skin covering the latter is not generally healthy, yet a sufficiency of it, in a healthy state, may be selected, on which to make the punctures. This is a very interesting case, and I particularly invite the attention of gentlemen to it."

This novelty of proceeding gave great satisfaction throughout the theatre, and certainly is the way to lead inquiring minds to sources of useful information.

INFLAMMATION OF THE INTERNAL AND EXTERNAL TUNICS, AND PARTIAL INFLAMMATION OF THE GLOBE OF THE EYE, ACCOMPANIED WITH CHROMOIS, AND PARTIAL SLOUGHING OF THE CORNEA.

THOMAS MARCH, *mat.* 37, tall and slender, of a dark complexion and haggard appearance, was admitted into Henry the Eighth's Ward, April 10, under the care of Mr. Lawrence, with general and extensive inflammation, and swelling of the globe of the right eye. The patient had been a watchman, and has endured the hardships of poverty. Supposes that, in consequence of an attack of cold caught in the course of his calling, disease of the right eye supervened about a year and a half ago, which progressed rapidly to the destruction of vision. No considerable inconvenience has been suffered from this, beyond the loss of sight, except that he has not been able to resume the duties of a watchman. A few days ago, supposed to be from another attack of cold, the internal and external tunics of the same eye became enormously swelled and inflamed. This caused a general constitutional derangement, for which he was taken to the fever hospital, his friends supposing him to be a fit patient for that institution, where he remained for two days, and was then sent here. The globe completely covered in by the lids projects over the cheek, forming a tumour as large as a pullet's egg. It is with the greatest difficulty the lids can be separated. On separating them to as great a degree as their tense condition, and the pain given to the patient by this effort, will allow, Mr. Lawrence is unable to decide with certainty, whether there is an actual enlargement of the globe itself, or of the anterior, external, and internal tunics, as well as of the parts posterior, with an extraneous deposition, by which the globe is pressed forward from its natural position; but he thinks it ought to be described as above. The cornea is about three-quarters of an inch further forward than that of the other eye. The eye feels tight and sore, the patient says, as if there was a large sticking plaster over it. The soft parts of the frontal and temporal right side of the head feel benumbed. A sharp and violent pain strikes through the head from the eye to the occiput, particularly on the right side. Mr. Lawrence has punctured the cornea, through which the aqueous humour has been discharged. Apply twice a day to the pupil, and keep a cloth over the eye dipped in the *luteo albuminis subacetatis*. Give an ounce and a half of the compound

wound mistake immediately, and occasionally afterwards.

11. Repeat the leeches.

12. Again repeat the leeches, and take the effluvia draught every second or third hour.

14. The inflammation and swelling have, in a degree, abated. Not so much difficulty now in separating the lids. From the more complete view that can be obtained of the parts, it is evidently a case of inflammation of the internal and external tunics, &c., as is stated. The shooting pain through the head has slightly diminished, but the numbness continues. The leeches were applied again yesterday. Continue.

22. The leeches applied again on the 17th and 19th. The tumour is less. A portion of the cornea has sloughed away. Still complains much of soreness and numbness about the eye, and side of the head.

23. The ecchymosis of the conjunctiva, which has been very great, is less, but still considerable. The general swelling slowly subsiding. The case will, in all probability, terminate in staphyloma. Continue the medicines, and apply the leeches again when necessary.

May 4. The disease has gradually subsided. The globe is now not larger than the other. The numbness very little abated. The shooting pain diminished. Complaints of great debility; was made an out-patient of this day.

#### CASE OF STONE; SUDDEN DISSOLUTION.

John Robbins, *etat.* 38, was brought to the Hospital at half past two, P.M., 30th of April, and admitted into Colston's Ward, under the care of Mr. Vincent. The surgeon had just finished his round, and left the Hospital, so that he neither saw the patient then, nor, as it happened, afterwards. The man stated, that he had laboured under the usual symptoms of calculus in the bladder for the last five years, but that not till within the last three weeks had the pains he had been enduring proceeded to any very violent extent. For ten days past, his urine had passed involuntarily without any cessation, and the pain in the region of the kidneys, loins, about the bladder, and course of the urethra, had been excruciating, heightened to a distressing degree, by every attempt at voluntary micturition. The pulse small and weak, the countenance anxious, oppressive of the patient having suffered much from irritation, and (and subsequently turned out,) of the very destructive progress the disease had made. Mr. Thornton, the dresser, on sounding, distinctly felt the stone in the bladder, and ordered him to be put into the warm bath; to take five grains of

the extract of hyoscyamus, with a little rhubarb and soda, three times a day. This having been attended to, the dresser saw him again in the evening, when it appeared he was decidedly sinking. Ordered an ounce of brandy, and five drops of the tincture of opium in a little water every hour. This the poor fellow took repeatedly, but died at three o'clock on the following morning.

#### Post-mortem Examination.

Eight hours after death the body was examined, and the following morbid appearances were detected:—Abscess of both kidneys; both ureters very much enlarged, and the lining mucous membrane of each in a state of ulceration. The coats of the bladder between a quarter and half an inch in thickness; the mucous membrane ulcerated throughout, and nearly in a state of sloughing. A mulberry calculus, larger than a large-sized walnut, within the bladder, surrounded by a small quantity of thin gelatinous fluid.

#### ST. THOMAS'S HOSPITAL.

##### INFLAMMATION OF THE LUNGS.

MARY ANNE PARKER became a patient under Dr. Eliotson on the 23d of April. On her admission she stated, that she had been ill about five weeks, during which time she has been under the care of a medical man, by whom she has been several times bled, and has taken purgative and other medicines. Was first attacked with violent headach, which continued three weeks; has also had a dull pain in the left side, at first low down; increased by taking a deep inspiration, and accompanied with cough. Has not menstruated for three months. Is now free from headach, and the pain in her side higher than at first; respiration 42. The crepitous rattle distinctly heard at left anterior part of the chest, and the mucous lower down; on the right side respiration purrle; pulse 118, full, and acceys a jerking sensation to the finger; tongue coated with a whitish brown fur; bowels open. Ordered to live on phlegm only. To be bled from the arm, to fainting, and take submurats of mercury five grains, every six hours.

24. Twenty ounces of blood were removed, of which the second haem only was bled, and slightly supped; her breathing, she says, is easier; pulse 102.

25. There has been no pain, but breathing is easier. Crepitous rattle not so distinctly heard on the left side, and apparently begins to be changing into the mucous rattle; but the respiratory warmth

can scarcely be heard at all at the lower part of the left lung; pulse 132, soft and full; has had several tetanic motions of a green colour. Forty ounces of blood were abstracted from the arm in the presence of Dr. Eliotson; the breathing was much relieved before the bleeding was stopped, and the crepitous rattle scarcely heard at all. Submuriate of mercury, five grains every two hours; infusion of catechu according to circumstances.

26. Pulse 130, soft, but jerking; respiration 35, easier, mouth not sore; bowels purged, and motions still green and watery.

27. Very little soreness of the mouth; free from pain; mucous rattle now heard on the right side. Apply a blister to the chest. Continue the mercury.

28. Countenance improved; pulse 130, soft; mouth not sore; blister has not risen. Continue submuriate of mercury; repeat blister.

29. Breathing difficult; blister painful, but has only risen very little; pulse 116; tongue coated. Repeat the blister; the submuriate of mercury to be given every hour, and infusion of catechu half an ounce with each dose.

30. No soreness of mouth; loud mucous rattle on left side; appears sinking; diarrhoea continues. Strong beef tea, two pints; milk, one pint daily.

May 1. Tongue dry, and coated brown; countenance pallid, strong *bruit de soufflet* of the left ventricle, and action of arteries very loud; pulse 100, soft, and small; respiration 50; has passed only three stools since yesterday, which are still green, but the last was consistent; has been very restless during the night, and is evidently worse. Blister to be repeated; two drachms of strong morousal ointment to be rubbed in three times a day. No material alteration appears to have taken place till about six in the evening, when she appeared to have fallen asleep, but, on visiting her, the sister found she was dead.

The body having been removed from the Hospital by the friends before it had been opened, the examination was necessarily a private one, but the following appears in Dr. Eliotson's case book as the result.

#### *Dissection of the Corpse Twenty Hours after Death.*

The pleury pulmonalis of the left lung strongly adherent to the pleura costalis, and that of the right partially so; both lungs gorged with blood and purplish, but each pervious to air at every part. A more than usual quantity of water escaped on opening the pericardium. The heart was considerably enlarged, and its walls softer, and presenting a less fibrous appearance than ordin-

ry. A mass of bone, about one inch long by half an inch broad, and a quarter thick, found between the branches of the pulmonary artery (just opposite its bifurcation) and aorta, not affecting the internal coats of either, but of course contracting in some measure the opening of each, probably affecting the pulmonary artery the most. A slight effusion of lymph on the right auricle. One of the tricuspid valves of the left auricle bound down, so as to be rendered nearly useless. The left ventricle hypertrophied; the whole surface of the spleen strongly adherent to the peritoneum, rather enlarged in size, and its texture much more firm than natural; an ossified deposition, about the size of a small bean, was observed in the centre. The liver was rather larger than usual, but otherwise healthy, and two calculi, about the size of a pair of dice, were found in the gall bladder, which was about half filled with healthy bile.

#### DISLOCATION OF THE HIP.

Frederick Vanderveep, stat. 29, a strong healthy-looking man, was admitted into Henry's Ward, under Mr. Tyrrell, on the 3d of May, with a dislocation of the head of the thigh bone into the ischiatic notch, which, he says, has existed upwards of three weeks, and was caused whilst at sea, by a wave breaking over the vessel and knocking him down. There was no surgeon on board, and consequently nothing was done until he came on shore, fifteen days after the accident, when a medical man was called, by whom the pulleys were applied, and extension kept up for an hour and a quarter; but having failed in his endeavours at reduction, the patient refused to have any further efforts made at that time. Three attempts at reduction were made by Mr. Tyrrell the day after his admission; the first and second times, extension was made in a direction across the other thigh, nearly at a right angle with the body, and kept the nearly half an hour each time, during which, several doses of tartarised antimony were administered; a bandage being placed under the upper part of the thigh, and over the shoulders of an assistant, to elevate the head of the bone; afterwards a vein was opened in the arm, but only two or three ounces of blood could be obtained. The limb was then extended in a more oblique direction, and the head of the bone being elevated as before, the reduction was effected at the expiration of 47 minutes from the first application of the pulleys.

## HOPITAL DE VAL-DE-GRACE.

GASTRITIS, CAUSED BY A FALL ON THE  
HEELS!

At the end of March, a soldier, twenty-three years of age, of a vigorous constitution, fell from a height of twelve feet, straight on his heels. He remained giddy for a few minutes, after which he went to the hospital, where he was immediately admitted. M. Broussais, after having examined the patient, declared the disease to be gastritis, and ordered him to be bled. On the following day, the patient being quite well, and requiring no further treatment, was discharged; and M. Broussais observed, that a fall from a great height nearly always produces gastritis, by the disturbance it causes in the abdominal circulation.—*Lanc. Française.*

## NITRATE OF SILVER IN EPILEPSY.

Dr. Wiedemeyer, of Hanover, relates the case of an epileptic patient, who, after the use of nitrate of silver for eighteen months, was completely cured of his complaint; but the skin, as generally happens in cases of this kind, became of a black colour. Some time afterwards, the patient died from disease of the liver and anæmia. On examination of the body, the plexus choroides was of a dark-blue colour; and some of the viscera having been submitted to a chemical analysis, were found to contain a considerable quantity of silver.—*Hist. Critique Reporters.*

## OSPEDALE DI PARMA.

ANCITIS SUCCESSFULLY TREATED BY COM-  
PRESSION.

"At the end of last year, a middle-aged female was admitted into the clinical wards of M. Speranza, with a large dropsical swelling of the abdomen, which, according to her statement, had followed an attack of peritonitis after difficult labour. She was in a state of great exhaustion, of cachectic appearance, and in constant fever; the abdomen was considerably swollen; urine scanty, and high-coloured; the bowels costive, and digestion much deranged. The use of squills, sperients, and mercury, having produced no alteration whatever, M. Speranza determined upon trying the effect of strong compression of the abdomen, of the beneficial effects of which, the observations of Goulle and Roussier, and more lately those of Morton, have given very ample proofs. The secretion of urine was, within

a short time, augmented in such a degree, as greatly to reduce the size of the abdomen, at the end of three weeks, no trace of fluctuation could be discovered. Under the continued employment of the bandage, the use of tonics, and a nutrient diet, the patient rapidly recovered her strength, and was, eight weeks after her admission, discharged perfectly cured.—*Annali di Medicina.*

THE WORSHIPFUL COMPANY OF APOTHE-  
CARIES.

THE following documents establish the truth of much of what we advanced last week, respecting the illiberal conduct of this miserable Company towards medical students:—

To the Editor of THE LANCET.

SIR,—I have enclosed a certificate of dispensary of practice, which, together with the following facts, you are at liberty to make what use you think proper.

On the publication of the last regulations of the Court of Examiners of the Apothecaries' Company, I applied to Mr. WATSON, to know whether they would receive a certificate of dispensary practice, attended before their last "regulations" came into force, and was answered, "No, because it cost me nothing, as I had attended the dispensary during my apprenticeship, and had not begun the *expensive* part of my medical education." I have since taken the certificate to Mr. Watson, and he (has again) said it would not do, and also that all the teachers in London had allowed, that the system of education as required by the new regulations is the best.

I remain Sir,  
Yours &c.

ROBERT JOWETT.

88, St. Martin's-lane, Westminster,  
May 11, 1829.

## CERTIFICATE.

This is to certify, that Mr. Robert Jowett has diligently attended the medical and surgical practice of St. Mary's Hospital and Dispensary, Nottingham, for THREE YEARS; during which period the average number of patients exceeded 2000 annually.

Signed, ALEX. MANSON, M.D.

HENRY OLDENOW, Surgeon.

THOS. JOWETT, } Resident  
} Surgeon.

Nottingham, 3d April, 1827.

# THE LANCET.

Vol. II.]

LONDON, SATURDAY, MAY, 23.

[1868-9.]

## LECTURES

ON THE

DISEASES OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

### LECTURE XXVII.

*Of Moles and Hydatids, and other Substances which form in the Uterus; and of the appearances in the Ovaries.*

THE womb and vagina, severally or together, are sometimes covering a friable material, by which the two cavities may become united; the disease being indicated by pains like the parturient, by watery, or perhaps sanguineous discharge from the uterus, and by the occasional escape of the friable material itself. Of this disease, it has been my lot to see more than one instance, and, I presume, that it is not very uncommon. The quantity of material may amount to some ounces, or be of a few drachms only. In one case, which I examined with care, the material seemed to be generated by a state of the membrane lining the genital cavity, similar to that observed in the mouth under thrush.

Sometimes, independently of intercourse with our sex, there form in the uterus fleshy substances, which resemble in structure a good deal the placental part of the ovum in the earlier months. Now, in some cases, these fleshy masses are, in truth, nothing more than blighted ova, the result of intercourse; but, in other cases, to my knowledge, they form, month after month, in unmarried ladies of undoubted honour. I will not lay down a definite diagnosis, but this should be made use of in any way to injure female reputation, though, I conceive, it is by no means impossible to form a shrewd guess, whether these substances result from intercourse or not. Indeed, considering

that we do not know of recapitulation, I do think that the male part of the species has, for the last three or four thousand years, manifested too much of the spirit of the ubiquitous Paul Pry in these matters. But to proceed.

In the uterus, these form, sometimes, other masses of looser or firmer consistency, called moles. Of these masses some, like those on the table, appear to be made up of layers of coagulable lymph, which have been successively poured out under inflammatory action; others, of firm make, resemble the body of a polypus or a scirrhous tubercle, so that, on dividing them, an anatomist would scarcely know the difference. These masses may be as small as a poulet's egg, and smaller; or large as the head of the fetus, or larger; there more generally is one mass only; occasionally there are several, and they may be expelled at uncertain intervals of several days. By Mr. Callaway, a surgeon of acknowledged talents, the uterus of a woman who died from flooding, was once shown in this hospital, and I there found two of these masses in the main detached, and which was bigger than the fetal head; this mass, however, though detached in the main, had some connexion with the uterus, as I believe most of these masses of looser consistency have, consisting of cellular web and blood-vessels; but the unique case of that tender kind, that you might detach it with the fingers as the ovum might, in the same manner, be detached from the surface of the uterus; and, indeed, the connexion between these masses and the uterus seems to be very similar to that which is subsisting between the womb and the ovum. Hydatids in the uterus are sometimes small in their bulk and few, but in other cases they grow in large numbers, and to a great size, so that you may have coming away a quantity sufficient to fill two or three wash-hand basins: I use on purpose a measure known and familiar. The difference between hydatids which form in this and in any other part of the body is this, that in all other parts they have no peduncle, but, when they grow from the uterus, they are always peduncular, being connected by a sort of stalk, something in the

same manner as grapes are to form the bunch. As in other parts of the body, we find hydatids without there having been a connexion between the seeds, so, in the uterus, hydatids may, I presume, be formed without intercourse. But, in the general, they are the result of impregnation. When hydatids form in the ovum, they are exceedingly small at first, and the ovum disappears more or less ultimately, in consequence of these animalcules feeding upon it. In all its stages I have seen this disease. I have known them to exist where there was scarcely a trace of the ovum; I have known them to exist where much of the ovum was still remaining, though the hydatids were large and numerous, and I have also met with one or two cases where, at first sight, what came away appeared to be ovum, but when, on cutting into the ovum, you found that it contained an assemblage of hydatids. The formation of these epiphytes, for such they appear to be, is the more interesting, as it has its influence over female reputation—a point so sensitive, that, like its emblem in the green-house, it can scarcely bear a touch. When hydatids are forming, you may be sometimes asked, whether their appearance is not a proof of intercourse with our sex? I certainly think, that in most instances they result from this cause, but I think also, that it is purer duty to declare distinctly that we have no satisfactory proof whatever that they cannot be produced without the approach of the sexes; indeed the presumption, taken from analogy, lies entirely the other way. In most of the other parts of the body, hydatids are produced wholly independently of this cause, and why should they not, in like manner, be now and then generated here. The treatment of hydatids, so far as they admit of any treatment, is extremely simple. If a woman is supposed, or known to labour under disease of this kind, but suffers no pressing inconvenience, as meddling midwifery is bad, and as in midwifery you may do mischief when you are attempting to do service, I would recommend you to abstain from interfering altogether. You may give a little medicine, if you please, but take care you do not give any that will do injury. Again, if the pains of parturition should supervene, and they are likely, sooner or later, to assail the patient, and if these pains are coming away of themselves, again, as meddling midwifery is to be proscribed, I recommend you to sit at the bed side, and to leave Nature, the great obstetrician, to proceed in her own method. But what if a profuse eruption of blood should occur? Why, in these cases, if the parts are rigid, the introduction of the hand is unjustifiable; for abortion and fatal laceration must be the consequence. The practitioner, therefore,

in such circumstances, should sit at the bedside, frequently examining to ascertain whether relaxation have been effected. If the parts are lax, and the introduction of the hand is easy, then the uterus should be emptied by the operation of the hand, for although it is true that risk must attend the operation, and though, too, the risk of tearing the womb or the vagina may be greater in these cases than in ordinary floodings, owing to the thinness of the parts, yet nevertheless, if the flooding is large, there may be less danger in a delivery by the hand, than a delivery, if so it may be called, effected by the unaided power of the womb.

The management of the other form of disease, that, I mean, in which moles are generated in the uterus, turns on the same principles as the treatment of their hydatids, that is, if the womb be known to contain this growth, and no pressing symptoms occur, the accoucheur ought not to interfere, if pains assail like those of parturition, provided there is no flooding, we may safely trust to the natural efforts for the evacuation of the contents of the womb; if there is rigidity with flooding, so that the introduction of the hand might be arduous and destroy, we must wait at the bed-side of the patient, frequently examining, to ascertain if relaxation have occurred, and if relaxation concur with the flooding, and the floodings be dangerous, the sooner we deliver by the hand or instruments, the better, provided this be practicable, and without violence. But is it not, in many cases, impracticable? Moles are not, I think, in general attended with dangerous floodings. To all these cases the general principles of flooding deliveries will apply, and to them I must refer you. Of course no means of checking bleeding must be left untried. The principles of management in the flooding cases will apply here, and to them I must refer you. With mole, other disease is sometimes combined, as tubercular scirrhus of the womb or ovary, or both. Remember this in giving a prognosis.

Let us now observe the preparations. I here show you one of the intermediate state, the ovum has been at their banquet, but the ovum is not yet wholly devoured. In this preparation, the disappearance of the ovum is almost complete.

Here is a detached mass, which came away from the vagina with pains like those of parturition: its substance is loose. Here is another of the same kind, and a third. In this glass, you see a collection of moles, five or six in number, they were expelled in succession, at unobscured intervals of several days.

*Of the Signs of impregnation observed in the Ovaries, and of the appearances observed in the Ovaries, as far as they are interesting to the Accoucher.*

The obstetrician (I use the designation for which we are indebted to Dr. Ryley) is sometimes requested to decide, from examining the ovary, whether impregnation have taken place; and it may not be amiss, therefore, that I should, in this place, make a few remarks on this topic.

In form, the ovaries bear a considerable resemblance to the body of the testis, in our race especially, and hence they have formerly been denominated the testes muliebres. Like the features of the face, these ovaries differ exceedingly in their size in different females, being three times as large in some women as they are in others, and we must not, therefore, hastily conclude, that the ovaries are diseased, merely because we find them larger than ordinary.—Again: in some women, these ovaries are of smooth and somewhat polished surface, like the testis of the male; in others, however, they are remarkable for their rugosity, and in the preparation circulated the farrows are so deep and frequent that they remind one of the walnut. In some women, further, the surface of the ovaries presents no appearance of alcatraz, but in others, and not infrequently, there are, on the surface, small wrinkled scars, probably produced, in many cases, independently of impregnation from spontaneous rupture of the vesicles, or small eggs, with which the substance of the ovaries is filled. If we lay open the ovary, we find it composed of a parenchyma and the peritoneal covering in which this parenchyma is enclosed, to say nothing of a tunica propria. Now, in some ovaries, this membranaceous covering is thin, and tends to transparency; while, in others, it is so thick that it reminds one of a piece of parchment, and this, too, without any consequent disorders of the system which might lead us to consider the patient as the subject of disease. With this thickening of the covering, a certain degree of whiteness and opacity is occasionally combined.

In many animals of the mammiferous class the eggs may be seen distinctly; sometimes, as in the sow, they form an assemblage of small tubercles, rising beyond the surface of the ovary, but more generally, as in the rabbit, they are embedded in the body of the viscus. But may, nevertheless, be seen distinctly, like the small pearls which the jeweller sets upon the poise of a ring—a comparison which those who have seen the ovary of these animals must, I think, allow to have some aptitude. In the human ovary, when recently removed from

the body, the vesicles cannot, in general, be seen through the membranaceous surface, but in some less common instances, when the tunica is remarkably thin, and the vesicles are remarkably plump and mature, they may be seen, though more obscurely, through the membrane which envelopes them. The bulk of the ovary, internally, is composed of web cellular, sometimes long and lax, sometimes of firmer texture, and this cellular web, as infection shows, is plentifully supplied with minuter capillaries. In this cellular web are found various appearances, which, so far as they deserve our notice, may be divided into kinds; I mean, the corpuscula serosa, the corpusculi lividi, and the corpuscula lutea: of all which in order, and first of the serosa.

Vesicles filled apparently with a serous fluid, are found in the cellular web, in size varying between that of the mustard seed and a large pea; sometimes very conspicuous, occasionally obscure; sometimes few in their number, occasionally several, though I have seldom observed in either ovary, as many as ten or fifteen at a time; sometimes the small spherical cysts which form them are thick and coriaceous; and, at others, delicate and thin, and containing obvious, though small, red blood capillaries. I am not sure that every vesicle is contained within another, in a manner analogous to the calyx in the ovary of the common fowl, but I suspect this. I am not sure that the vesicles disappear in old age; but certainly those who are in error who maintain that they are not to be found before puberty, for I have seen them distinctly in the ovaries of a female child, not above a year and a half old, and I presume that they may generally be found at this age, perhaps as conspicuously as in women during the child-bearing period. Besides these embedded serous vesicles, there are found also vesicles which are marginally connected with the ovary, or which are completely detached from it, lying between the folds of the broad ligaments at the distance of one or two inches, and usually about as large as a full-sized pea, so that these vesicles may be conveniently divided into three kinds; the imbedded, the marginal, and those which lie detached. The larger vesicles seem to be in a state of insipient dropsy. Again.

In the substance of the ovary, we meet sometimes with corpuscula livida as they may be called, and these too are not without their obstetric interest. Of these corpuscula livida, some consist of large vesicles filled with a clot of black or deep-red blood; some of the vesicles are empty, but superficially covered with a deep-red or dark leaden tint, as if they had been coated with paint; some, lastly, are made up of mere molecules, or specks of various tint, red

purple, or of almost stramentous blackness. Like the *arrosa*, therefore, these *corpuscula livida* may be divided into three kinds: the vesicle filled with clotted blood; the empty vesicle, the surface of which is coated with a deep tint, red, purple, or stramentous; and the solid molecule of various situation in the ovary, and of the same tint as the preceding. Several of these corpuscles may exist in the ovary at once. The rupture of blood-vessels appears to give rise to them, and the tint is apparently derived from the colouring matter, and the coagulaceous material of the effused blood.

In the ovaries we also find, in the third place, *corpuscula lutea* as they may be called; the tint of these bodies varying exceedingly, but ranging generally between that of a bright lemon, and of a dark-coloured orange peel; to which I may add that, in their obscurity or conspicuity, there is, too, in these corpuscula, no small degree of variety; some of them striking on the eye, directly the ovary is laid open; and others requiring for their discovery some little research. Of these bodies, as of the *arrosa* and *livida*, we meet with different kinds, the larger and more solid, the vesicular, and the mere specks or sparks—not to mention the variety in their bulk. In the ovary, we occasionally see mere sparks of various yellow tint, forming points more or less conspicuous in different parts of its substance, these forming the first variety of these yellow corpuscles, of which I here show you specimens. The ovary, too, sometimes contains vesicles which are, I suspect, often empty, and which are coated with bright yellow in the same manner as the livid vesicles are with the red. These vesicles of different size, varying in their dimensions between the pea and the mustard seed, vary also in the colour of their yellow paint, which may, I believe, present all the different tints observed in the other corpuscula lutea. In the ovaries, lastly, we sometimes meet with solid bodies of a colour more or less yellow; the larger about as big as the kidney bean, the smaller about the size of a small pea or smaller, though it may be observed that when they get below this size, these solid bodies may properly range among the specks or molecules before noticed.

Of these solid bodies there are two kinds, the fabiform and the spheroidal. Of the tint of the spheroidal I have some doubts, but I believe they generally tend to the yellow colour; they usually contain within them, if I may judge from these preparations, a shallow cavity, and the surface of the substance exposed by section all round the cavity is marked with radiating lines or stria, which give it something of a fibrous appearance. The *fabiform* bodies, which are far more interesting, on account of their fre-

quency, and for a reason presently understood, resemble, when divided, the half of a kidney-bean in their shape, whence the name I give them, and contain within them a shallow cavity, which reminds one of the printer's asteric, as here delineated. Of these bodies the tint is yellow, sometimes decidedly, sometimes obscurely, and between the two extremes are many grades; the more frequent varieties of yellow may be compared with those of the lemon peel or of the orange, which has been long in the chest. When the ovary is well injected, the yellow mass being full of vessels, becomes of a deep-red tint. In the size of these bodies too, there is much variety; the larger are equal to the kidney-bean, the smaller to a small pea; there are, indeed, solid bodies presenting the characters enumerated, and which are not larger than the mustard seed; but, in the present survey, it is better to throw them out of notice, or to range them among the yellow sparks or specks before noticed. These fabiform corpuscles constitute what are properly called the *corpora lutea*; and generally, if not always, where they lie, a cicatricule, or small wrinkled scar, will be found on the surface of the ovary, immediately above.

Having now described the various appearances in the ovary, so far as they are interesting to the accoucheur, we are prepared to apply this knowledge to the consideration of a point not without its interest, I mean the discrimination of those ovarian appearances which are, or which are not, to be looked upon as the indications of intercourse with our sex. And here we may set forward at the outset by observing, that of all the appearances which we have enumerated, the wrinkled cicatrix, and the substances of yellow colour alone have, in the present state of our knowledge, a claim to be considered as the indications of impregnation, and even of the wrinkled cicatrix here mentioned, it may be further observed, that standing alone, independently of the *corpusculum luteum*, it has no claim whatever to be considered as an indication of intercourse either, for impregnation. These cicatricule, it is true, render it not improbable that the Graafian vesicle may have given way, but even when they exist alone, we have no proof that these ruptures may not occur independently of cohabitation. In judging of impregnation from the appearances in the ovaries, I should place no reliance on these wrinkles and cicatricules whatsoever.

Again, of the yellow bodies themselves, (the *corpuscula lutea*), it may be remarked further, that they are not indiscriminately the indications of intercourse; indeed, of the three kinds of bodies enumerated—the sparks—the vesicles—the solid bodies—the

latter only are deserving of attention. With respect to intercourse, the yellow vesicles prove nothing, or, if any thing, the negative; for these yellow substances, I feel persuaded, may sometimes, and probably do often appear, where intercourse has been unknown. If I am wrong here, future observation must correct me.

Again. Of the solid bodies, spheroidal and fabiform, the fabiform only may, in the present state of knowledge, be looked upon as indicating the connexion of the sexes; for though I dare not deny that the striated spheroids, before described and demonstrated, may be produced by impregnation, yet we have at present no proof of this, and to some, perhaps, it may appear, that they are rather the consequences of incipient disease, than of fruitful intercourse; but others must hereafter decide this point.

Lastly: even of the fabiform yellow bodies, the larger only deserve much reliance, as indications of intercourse and impregnation, and unless they are as large as the split pea, or larger, I should pass them by, in inquiries of this kind, as wholly undeserving of our confidence. I here show you, among other preparations, one consisting of two ovaries, in one of which may be seen a single luteum, in the other no fewer than three, in colour, form, and character exactly similar to the corpus luteum of conception, only the largest of them is little bigger than a mustard seed. Now these two ovaries were taken from a girl under seventeen, who died in this Hospital from chorea, with a hymen unbroken, and a womb without any traces whatever of pregnancy, as careful inspection showed; so that the jealousy of an Eastern seraglio, if not associated with Eastern ignorance, might have been satisfied, that repeated impregnations could not have taken place; nay, that impregnation could not have taken place at all, and yet there are as many as four corpuscula lutea: so that this preparation alone fully satisfies me that the evidence of the smaller lutes cannot be relied on. Well, then, we now come down to this simple conclusion, that corpora lutea of fabiform shape, and large or larger than the pea, are alone deserving of confidence as the indications of impregnation, to which this may be added, that the force of this testimony will be strengthened, provided a superficial and wrinkled cicatrix be observed on the ovary above the yellow mass. Thus far, then, all seems clear enough, and yet, without wishing to run headlong into wanton scepticism, I cannot forbear intimating a suspicion, that a corpus luteum, even with all these conditions, or it be relied on with absolute certainty as an indication of impregnation, at least in animals; for Mr. Saenger mentions, that the corpus

luteum may be made to appear in the ovary of the rabbit, merely by keeping the male and female within sight, without, however, being within communication with each other; and in the vaginal and uterine experiments, related at large when I treated of impregnation, I had ample opportunities of learning that, in the rabbit, corpora lutea may form in large numbers, and possessing, in the most marked manner, all the characters of the luteum of pregnancy, and all this from intercourse with the male, under circumstances that put the impregnation quite out of the question. With respect to the rabbit, therefore, I feel fully satisfied that the genuine corpora lutea, not to be distinguished from the lutes of impregnation, may be constantly produced at pleasure, without such intercourse as may prove fruitful, and give rise to the formation of a new structure; and, if I may rely on Saenger, I must go further, and presume that in this animal the lutea may even form without intercourse, from the mere excitement of desire in a high degree; whether, however, the luteum, with all its prescribed conditions above laid down, may form in the human ovary without intercourse altogether, or even without such intercourse as may produce impregnation, I am not prepared peremptorily to decide. I prefer the cautious manner of the academica, to the decisive manner of the dogmatists, whether stoical or christian, and I shall, therefore, content myself in the conclusion, with expressing my persuasion merely, that the fabiform corpus luteum, with accidental cavity—of yellow colour—large as a pea, or larger, and seated beneath a cicatrix formed on the corresponding surface of the ovary, may be looked on, in the present state of our knowledge, as a strong presumptive proof of impregnation, adding, however, at the same time, that I conceive a jury ought to be cautious of giving too much weight even to this evidence, when human life is at stake. This yellow body seems to be formed in consequence of the change which conception produces in the *Granflax vesicle*. It is to this yellow tabiform body that I would confine the technical appellation 'corpus luteum.' Examine now the illustrative preparations.

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#### MEDICAL OFFICES.

VACANCIES have occurred in the offices of Physician to St. George's Hospital, and Surgeon to the Asylum for Recovery of Health, and to the Bloomsbury Dispensary.

## FOREIGN DEPARTMENT.

## EXTIRPATION OF THE SPLEEN.

In the meeting of the German naturalists and physicians at Berlin, on the 19th of September, 1828, Dr. Schultze of Freiburg, communicated the results of his researches relative to the functions of the spleen, and of the experiments he has made, with respect to the extirpation of this organ. The following brief extract will, we trust, be interesting to our readers.

The blood of the splenic veins, Dr. Schultze found as coagulable as other venous blood, except when, a short time before the experiment, a large quantity of fluid had been injected into the stomach. The extirpation of the spleen, which Dr. Schultze has very often performed, never proved fatal, and was hardly ever followed by any great derangement of the organic functions; even for several years after the operation; nutrition and digestion were carried on as before, the secretion of bile only was diminished, but in a very slight degree; the style of animals, on which the operation had been performed a considerable time previously, was found to coagulate, and to become red in the same manner as that taken from healthy animals. This seems to be inconsistent with Hewson's opinion, as to the function of the spleen; Sir Everard Home's theory is refuted by the circumstance, that the animals drunk as much water after as before the operation. The growth of young animals was not at all checked by it; and young cats and dogs very soon regained in weight what they had lost by the removal of the spleen. Next to the secretion of bile, the author observed a constant effect on the generative powers; which, although not completely suspended, were, in some degree, weakened by it; dogs and cats, from which the spleen had been extracted soon after birth, always produced fewer young ones than others.\* The very ancient and general opinion, that extirpation of the spleen is followed by an increased faculty of healing, Dr. Schultze found always correct, at least in dogs.

## ON THE SEPARATION OF THE PLACENTA, AND THE DIVISION OF THE UMBILICAL CORD.

Dr. Kuetsner, of Breslau, accoucheur to

\* In most of the numerous cases where the partial or total extirpation of the spleen has been performed on human individuals, the generative powers remained unaltered. Haller, however, (Elem. Physiol. tom. vi. p. 423,) relates a case in which the operation was followed by sterility.

the Lying-in Institution of that town, has lately published a treatise, in which, according to the results of his experience, he strongly recommends that all attempts to extract the placenta should be avoided, and that the division of the umbilical chord should be deferred, until the expulsion of the placenta has taken place. In more than 1800 cases, this method of proceeding was followed by complete success; on the other hand, in 449 cases, after the usual attempts to extract the placenta, very dangerous symptoms ensued, which, in 69 cases, ended fatally. Dr. Kuetsner asserts, that he never witnessed any ill effect from leaving the expulsion of the placenta to nature, and is of opinion that the very general practice of separating it, ought to be confined to a very few cases of irregular delivery, such as where the placenta is attached to the os uteri, &c.

## ON THE

## ORGANIC MATERIALITY OF THE MIND;

*The Immateriality of the Soul, and the Nonidentity of the Two.*

By G. D. DERMOTT, Esq.

To the Editor of THE LANCET.

SIR,—I feel myself bound to notice any thing you may be inclined to honour with a place in your very able Journal; and on that account, principally, I now come forward to meet two attacks, the one from a *seidant* clergyman, the other from a *sober* phrenologist, upon my paper concerning the "Materiality of the Mind, and the Immateriality of the Soul." An affair of argument, it would be absurd to array myself against them, both, especially the writer who styles himself "A Clergyman," have so entirely misstated my case, that I can have no fair battle with them; they both conjure up phantoms, which they call mine, and then set about to overthrow them. As somebody says, in the mock tragedy of *Tom Thumbs*, they "make the giants, and then conquer them."

My theory is briefly this:—First, that the mind is a material principle; that is to say, that all the intellectual faculties are the organic functions of the cerebrum, in fact, the organic life of the brain (taking it for granted that the principle of life is that which is so essentially and specifically combined with, "I organic matter, as to be the immediate cause of all action, or function, in organic matter). That the brain is an epitome of nervous impressions—that the

thoughts and actions of the brain—are excited by impressions made on its nervous susceptibility, i.e. that these actions of the mind are sequent to other material impressions and actions in the nerves, occasioned by external agents, positions which, I think, are finely illustrated by the continuity and homogeneity of structure and substance between the brain and the nerves. Secondly, that this same material mind is common to all animals, being one and the same thing as the brain; but that the faculties of minds are stronger and better developed in a ratio to the size of the different portions of the brain; the vigour of its organic action, and the healthy condition of its structure.—Thirdly, that there is this difference between man and animals: another principle is attached to man's existence, which is not attached to that of animals, it is not demonstrable, but attached to our being, in some way perfectly inexplicable—we call it the soul. That this soul, being entirely spiritual, is of a nature not to be understood by a material mind; it is the spiritual part of man's existence, referred for a state of development in a spiritual world; perhaps, if I may be allowed to use a comparison for the sake of explanation, to be the future spiritual mind of what has been metaphorically called, in Scripture, a spiritual body. That it is rational to admit that this soul, in a future state, shall be responsible for the actions of the mind in the previous material existence, because it is the continuation of the same individual's existence, only in a different state or form, the mind being the ostensible representative of his existence in this world as the soul is in the next.

Having thus endeavoured to define my own theory in my own way, I return to my two assailants. The observations of the first, as I have before suggested, are any thing but arguent; of course they can admit of no argument in reply. I shall, therefore, presently leave him, hopping and floundering in his march of contradictions, with his favourite "toads and frogs," the fit companions of a person who so admirably unites the venom of the one with the ridiculous contortions and the dirty splashings of the other. Their society will, perhaps, be a relief to him after "smoking himself," during the winter, with "sin and sea coal," as some vicars are wont to do, who love mammon more than God.\* But

before we part, I must trouble you, Mr. Editor, with an extract as you, and some comments on them, to show the consistency, the honesty, the meek, kind, Christian-like readiness to falsify not only my arguments, but my motives, with which this professed son of the church comes forward to show his zeal for true religion!

First,—he hopes I shall "feel it my duty to communicate further information;" and, "he must apply to Mr. D. for some further explanation, which he hopes he will consider at his duty to give." Again, he says, "After inserting this, as I take it for granted you will do, let your readers hear no more, either of the sublime imitations of G. D. Dermott, or the humbler criticisms of——" no one knows who! Now this seems to me mightily like daring an enemy, and then piteously asking you, Mr. Editor, to tie him hand and foot; a rare device, I must own, and one which, like the rest of his tirade, shows more familiarity with the stage than with his Bible. It is of a piece with the valour of the man in *King Lear*, who waits till Kent is in the stocks, and then capers around the sturdy old warrior, twitting him with bad jokes and poking him, at arms length, with a dull sword. So much for his consistency. Now for his honesty. He wishes to represent me as having stated, that "material and spiritual things are so different, that they cannot be existing in a state of association." No impartial person, who reads my paper, will suppose that this is the doctrine I inculcate. On the contrary, I have affirmed the possibility and the certainty of a co-existence, but deny a "possible co-existence," i.e. I do not believe that soul and body can hold a coequal, contemporaneous and combined state of development.

The soul is not in a state of development in our present being; we do not know its qualities, its nature, nor can we rationally demonstrate its existence; that is to say, its qualities and its existence are not known and identified by our senses and mental powers; this is what I would mean by saying, that it is in a state of insensibility as well as undeveloped existence. It is a principle attached, no one knows how, by God, to man's existence, the part which is responsible for the mind's actions, in a future state; the principle which is the representative of a man's previous material existence. This non-revelation of the soul to our own reason and senses, in spite of the sagacious divine's ridicule, goes, I think, some way to prove, that it is not, in this world, in a developed state, that is to say, it is dormant, if he will admit of the term.

Mr. Editor, I admit of the existence of the soul, but differ from your contemporaries in believing, that the mind and soul are one

\* I beg leave not to be understood as conveying any sneer against religion and its professors, such as I should abhor; I allude only to those who bring the holy scriptures into contempt. For the rest, no man that I have more respected than myself.

principle, and because of this, without my opinion tending to question, in any degree whatever, the validity of one single doctrinal point in the Bible, he impeaches me, by making a false deduction, viz., that consequently I must consider "Bibles, revelations, ministers, and religion as totally useless in this present world, and owing their existence to mere delusions, and that my paper tends to shake a Christian's belief," and most unceremoniously thrusts me down amongst a list of infidels! This reasoning is logical; this palming of doctrines upon me, which I should shudder to espouse, is his honesty—his God-like grace, I suppose! He most shrewdly asks me, what kind of a being God is? How is it to be proved that such beings as a God and the human soul exist? and what sort of beings are they? Is it necessary for me to tell a minister, that he must not either apply to his own, or to any other man's reason, to prove these things, but to his Bible, where he will find them explained, as far as God, in his divine dispensation, has thought fit to reveal. He will also find, in his Bible, that the impossibility of conceiving of spiritual things, excepting by the power of faith, is every where inculcated; that it was to kindle and keep alive this essential faith the Bible itself was given, and that the utter incompatibility of spiritual demonstrations with the powers of material minds, is distinctly shown in the assurance, that no man can see God, who is a Spirit, and lives.

As to his trying to suggest the possibility of an improvement in my speculations, by supposing animals to have souls, if he (being really a "parson!") knows sufficient of theology to prove it, or reader it probable, let him do so; I frankly own I cannot. But by way of making his incomprehensibly inconsistent paper complete, he says, the "very rarity of my paper would redeem it, were it not as *trifle* as the king's highway." I deny, also, having collected any "scattered absurdities," or any "exploded doctrines;" what I have said is my own opinion, springing solely from my own observation. I have never read any writers either favouring infidelity or even advocating the materiality of the mind. I have heretofore avoided them upon the score of the materiality of the mind having been formerly made use of to favour infidelity, and my feeling an utter aversion to all such principles. He accuses Bichat and Lawver of having drawn conclusions which physiology does not sanction, but, in the same paper, confesses he is no physiologist; and therefore we may conclude, not able to judge of the veracity of what he states.

These are the only points at all worth notice in his paper. The rest are mere rant. His personalities, of course, I put

out of the question. I can only observe of them, that they are a sad commentary upon the influence of what he asserts to be his creed, upon his conduct.

I would next beg more particularly to advert to the opinions of your second correspondent. He says that I am a defender of the materiality of the mind, yet "*fearing obloquy*," admit the immateriality of the soul. I thank the author for the reason which he has so gratuitously imputed to me. Notwithstanding his liberality, however, I must still lay claim to its proceeding from a more honourable impulse. I have no sense of duplicity in my own mind, which would lead me to arraign without good grounds the intentions of others. The weight of your correspondent's criticisms are against my considering the intellectual faculties to be the organic material functions of the brain. He speaks also, especially, of the function that I ascribed to the cerebellum; perhaps the terms of my description may not seem to have conveyed an exact signification. I contend that the mental faculties are the organic actions of the cerebrum, that the cerebellum is the seat where the action of judgment becomes sensible, or whence its impulses are sent through the nerves to the different active parts of the frame. I may better explain myself by quoting one or two deductions, which M. Flourens has drawn from his experiments. They are somewhat different to what your correspondent is pleased to state them to be, viz., to preside merely over the forward motions of the animal: that, he will perceive, is the opinion of Magendie. M. Flourens says, "it has been shown that the immediate cause of muscular contraction particularly resides in the spinal marrow and nerves, and that the *regulating* cause of these contractions is placed in the cerebellum;" that is to say, the cerebellum is the immediate *agent* of judgment, or, at least, is the medium through which the impulses of the judgment are transmitted to the voluntary nerves. Hence we take away the cerebellum, and we take away the action of the judgment. Again, he says, "there exists, therefore, in the nervous system (cerebro spinal system) three properties essentially different; first, the *erector* of motion; the other, the *regulator*; and the third, the *wilful* and the *perceptive*." In having asserted that perception, volition, and all intellectual and sensitive faculties reside, individually, in some certain portion of the cerebral mass, I do not pretend to go so far as (a phrenologist would) to point out the *locality* of any one portion of the brain as possessing any one particular faculty, and that the *locality* of such a portion of the brain, or that the seat of such an intellect, can be strictly defined by any superficial mark on the superficies of the skull—this, I

conceive, is barefacedly dogmatical, and I only mean to maintain as my belief, that as some nerves (functionally) possess sensation, as some (functionally) possess volition, as the spinal marrow (functionally) possesses both, as the cerebellum possesses (functionally) the power of conveying the mandates of the will and judgment to the voluntary muscles, so the cerebrum, functionally, possesses the sense of perception, the sense of thought, the sense of will, memory, and all the rest of the intellectual faculties.

Your correspondent, in spite of his phrenological science, seems to be frightened by my stating, that the medullary part of the brain possesses all the distinguishing living properties peculiar to the brain, as living brain—organic—functional peculiarities; but if this were not the case, it would be very strange indeed, that parts of so important a vicus as the brain should be organised and have life, and yet not have their peculiar organic functions.

I have heard it admitted that the brain possesses these faculties; that is to say, that it is the seat of these faculties, (and which, I believe, no one presumes to deny,) and yet, nevertheless, they do not admit them to be its specific organic actions, but that they are the immaterial principle connected with the substance or organisation of the brain, through the medium of life, but we should then have no function left for the brain. This is a most gratuitous hypothesis, founded not on any thing like proof, but is a mere fugitive supposition, upheld because it favours the old opinion of the immateriality of the mind, to which people are bigoted by habit and education, and by confounding two things which I believe are essentially different, the mind and the soul. We may just as well say, that it is not the function of the nerves to fill and convey voluntary motion to the muscles, that it is not the function of the stomach to digest, that it is not the function of the liver to secrete bile, but that these are powers seated in those organs, and connected to their substance by the living principle; this would be leaving no action for organic matter, consequently, none for the brain as a part of organic matter.

Your divine correspondent, who, of course, should have learnt by this time that the soul is immaterial, that we are not justified in attaching the idea of locality to any thing but what is material, cries out for me to demonstrate the relative position of the dormitory of the soul; this Easter-out of devils calls upon me to produce from my museum souls pickled and preserved. Now I would just ask, does this minister display either his *divinity* or his *logic* by such low nonsense? Your last correspondent, accuses me strongly of being dogmatic; for

what? First, for asserting that the mental faculties are the functions of the cerebrum; secondly, that all nature is imperfect, having partaken of, or being affected by, the fall of Adam. (I never knew, Mr. Editor, that this could be denied, or that the opinion was discountenanced by Scripture.) Thirdly, that all animals should have ministers, religions, Bibles, and revelations, and should enjoy a future state; this I deny ever having written, as he disingenuously represents; he has represented me to have made use of this expression *unconditionally*, but he had not the candour to say that I mentioned it with these provisos—if they had souls—and if the mind were the soul (for, that they have minds, certainly he cannot disprove, either by religion, metaphysics, physiology, or phrenology). Now is all this, for which I am accused of being dogmatical, more dogmatical than his *phrenology*, ascribing parlours and kitchens in his brain, for his good and bad propensities?

He proposes the two following questions: Do the educated alone possess conscience? I answer, does he find man in any state quite destitute of education? All men are educated by habit to a certain extent; all men learn by experience to identify things; and to understand their own and other men's actions; if a man has not seen, felt, or heard of a thing, he is not aware of its existence, much less of its properties, *fit* these senses are the inroads, or the means of the conveyance of knowledge to a man's mind. In my last paper I supposed an *im*possibility, for the sake of argument, a man born and living in total abstraction from the world; such a man would know nothing. Secondly, he asks, do animals possess conscience, do they possess education? I answer, an animal may know if he does differently to what he has been taught to do, and, knowing that, he may shun the observation of man, for fear of the punishment which he had been taught would succeed to it; the natural timidity of a mouse, or a bird, occasions the creature to shun the observation of man, because they have not been accustomed to be in his presence; just as we should shun a large animal that we had not been accustomed to see and whose powers we do not understand, and therefore our natural timidity may occasion us to suppose dangers, which may be either real or merely imaginary. But systematically accustom any timid animal to the presence of man with impunity to themselves, experience teaches them they will receive no harm, they no longer shun his presence, or, in other words, they become tame; nay, more, we have numberless instances to prove, that by systematically accustoming not only timid but ferocious animals, either

to the presence of them, or to that of each other, an influence is exerted over them, which could only arise from an operation on their minds, which enables them not only to associate in spite of what we call natural impediments, but to associate with satisfaction, and to become attached to each other. Thus we have numberless instances of the lion, and other ferocious animals, being domesticated; and, indeed, there is an example in point, to which any one may refer, who will take a walk to the other side of Waterloo Bridge, where "the cat, the mouse, the hawk, the rabbit, the guinea pig, the owl, the pigeon, the starling, and the sparrow," live together in one cage in perfect harmony and happiness.

Speech constitutes perhaps the greatest link in society; it links men in the closest affinity of friendship, or implacably divides them; it unites our ideas, and links our comparative estimations of men's actions; if animals had this gift, and all their intellectual faculties (which they do possess to limited and various degrees) equally perfect with man, why then I do believe that the existence of a conscience in animals would be as evident to man as his own. Who can tell but that animals have a language (or some means of imperfectly conveying mental feeling as a substitute for language) between themselves; and who can tell but what they are capable (so far as may be necessary for their existence one with another) of estimating and understanding each other's actions, i.e., that they have a knowledge or a conscience adapted to their state of existence; they evidently have relative love, anger, gratitude, and even the powers of recollection, &c. &c., to a certain extent.

I had nearly forgotten your second correspondent's objection to my stating that the "cortical part of the brain is subservient to the medullary part." I answer this has always been a very prevalent, and also a very ancient opinion, amongst some of the best anatomists. The cortical part of the brain is very vascular, so minutely so, that it has been supposed to have been made up of vessels; why is this the case, if it is not subservient to the medullary part; the two are continuous, and the probability is, I argue, that the cortical part of the brain secretes some living principle into the medullary part of the brain, or is subservient in giving that same living endowment. The medullary part of the brain has no cellular substance, and I believe that the cortical part of the brain is so much the vehicle, or the medium, by which the secretory vessels deliver a minute distribution, as the vehicle is to the medullary substance of the nerves; and in, probably, also the

medium, or the seat of some certain accumulation, peculiar to the brain, or brain.

Need I stoop from this epistle on account of the merits of this anonymous writer, when I am borne out by the opinion of the most illustrious Morgagni; that the brain is a gland! And now, Mr. Editor, I dismiss my two assailants with every apology for having wasted so much time upon masked antagonists, who have met me with so little argument. Their "cap of darkness" gives them the advantage of coming to the contest with personalities, which are sometimes mistaken for the honest and fairer weapons to which I am obliged to confine my reply, and to which, I am happy to say, I conceive my cause may be fearlessly entrusted. I have only to add, that I should have made this answer at an earlier moment, had not domestic affairs rendered it impossible till now, and believe me,

Your very obedient servant,  
G. D. DYRETT.

#### CASE OF POISONING BY SUGAR OF LEAD.

By GAVIN MILROY, Esq.

SARAH HOOKER, aet. 40, who had been long bed-ridden, in consequence of a complicated affection of the urinary and menstrual functions, swallowed, on the evening of the 27th April, 1824, three teaspoonfuls of sugar of lead, (plumbi superacetatis) mixed with a cupful of milk, mistaking it for cream of tartar. Immediately after the accident, she experienced an indescribable sensation of depression and distension at the pit of the stomach, which made her suspect that she had taken something poisonous. In the course of four or five minutes she was seized with a violent fit of vomiting, which continued almost without intermission for nearly six hours. Mixed with the contents of the stomach a little blood was occasionally rejected. The vomiting had been encouraged by diluents, and by a solution of sulphate of zinc, ordered by a practitioner of eminence, who had seen the patient. A large dose of castor oil was administered.

28. Considerable pain and tenderness of the whole abdomen, but felt more especially at the scrobiculus cordis, not increased on pressure. The vomiting has ceased since six o'clock this morning, but much nausea and anxiety remain. Pulse 94, natural; bowels have not been opened; urine very scanty, and high-colored; catamenia present. She complains of a sense of heat and tickling in the fauces; the tongue is covered with a black crust; breath very fœtid; mind greatly depressed.

Take two ounces castor oil; and inject a purgative Clyster immediately.

29. The pain of the abdomen is considerably relieved, but much anæmia and nausea are experienced; three stools of a dark, almost black colour. Pulse 100, fuller than yesterday.

*Repeat the castor oil.*

30. No change in the symptoms; one stool, rather more natural in appearance.

*Take two aloetic pills every second hour, until free evacuations are produced.*

May 3. Pain of the abdomen has been increased for two days past, and is now attended with a distressing tenesmus. Bowels coctive since the 1st, although she has taken strong purgative medicines repeatedly.—*Ordered,*

*Infusion of senna and Epsom salts, and a strong purgative injection.*

5. Considerable difficulty was experienced in administering the enema, in consequence of the spasmodic contraction of the anus and rectum. No stool has been procured, and the pain of the abdomen and tenesmus are aggravated. Strong purgative powders, composed of calomel, jalap, and gamboge ordered.

7. Pain of abdomen much increased, and tender on pressure. Pulse 102, rather full, but the skin is cool, and no thirst present. Fomentations applied, and an enema of *infus. tabaci* was injected, which produced its usual sedative effects, but was not followed by any evacuation. Bowels obstinately closed, although she takes drastic medicines several times in the course of the day.

11. No alvine evacuation since the 30th of April; abdomen slightly tender on pressure; pulse natural. Ordered to take the blue pill, with rub in mercurial ointment daily. Purgative medicines continued.

17. She had persevered in the use of the mercury daily, but no appearance of salivation is present. One very scanty stool was procured this afternoon; the fæces were hard and scybalous, of a black colour, and mixed, according to her report, with grumous blood. Immediately before the evacuation, she felt "as if something had given way within her bowels."

20. No change in the symptoms; bowels obstinately coctive; the mercury has hitherto produced no effect; her appetite, which for a long period has been much impaired, gradually declines, and she is becoming sensibly weaker and more emaciated. Ordered four grains of gamboge four times a day, and infusion of senna with salts.

June 1. A very scanty stool last evening, of dark-coloured and extremely indurated fæces. Has continued the gamboge regularly; the dose has been increased to six grains four times a day.

June 4. After violent straining at stool this morning, she reports that a swelling protruded itself in the right iliac region;

on firm pressure being made on it for a few minutes it receded, and almost immediately after some hardened fæces were voided per anum. At the same time she rejected, by vomiting, a large quantity of indurated scybalous masses, which, in every respect, resembled what had been passed per anum.

5. There has been a renewal this morning of the stercoraceous vomiting; the egesta were of a yellowish white colour, quite firm and hard, and had a distinct faecal odour.

*Continues the use of the gamboge, &c.*

7. No return of the faecal vomiting. This morning she had a strong desire for stool; and, after violent tenesmus, the swelling in the right groin re-appeared, but its recession was not followed, as before, by any evacuation. The swelling, she describes, as appearing about an inch and a half from the anterior and inferior spinous process of the ilium, in the direction downwards and inwards towards the os pubis.

20. Since last report there has been no alvine evacuation, nor any return of the faecal vomiting. Takes immense doses of calomel, gamboge, and aloes several times a day without any effect. An enema, which was administered last night, brought away a few hardened scybala. Ordered half an ounce of spirit of turpentine, with one drop of croton oil four times a day.

25. No alvine evacuation has been procured; the quantity of urine, which for some time past has been exceedingly diminished, is now increased since she has taken the turpentine.

*Continue the spirit of turpentine & croton oil.*

July 5. The bowels have been opened only once since last report, and then very sparingly. Her appetite is exceedingly impaired; her diet consists of broth, milk, and tea.

18. She has continued to take the turpentine and croton oil every day. The dose of each having been increased, but no effect has been produced on the bowels; the faecal vomiting returned last night.

23. The faecal vomiting has occurred daily since last report; the scybalous masses rejected are of a yellowish colour, foetid smell, and are mixed with a considerable quantity of an ochry turbid fluid; the vomiting takes place generally in the morning; sometimes, however, twice in the course of the day. Of late her appetite, though extremely sparing, has not been diminished, and she sleeps tolerably well. She continues the use of the turpentine, &c. &c.

August 5. The faeculent vomiting is becoming daily more urgent, the quantity rejected being sometimes very great. No evacuation per anum since it was last reported. Within these few days the catenulae appeared, but were very sparing.

19. The vomiting has occurred daily, and for two days past has been more copious than before, returning six or seven times in the twenty-four hours. No stool.

Sept. 4. Two months have now elapsed since the patient had any evacuation per anum; but the vicarious excretions from the stomach take place regularly; of late they have been of a softer consistence than before. At this time, the only medicine she would take was scruple doses of calomel, which she thought had the effect of relieving the oppression and pain at the stomach.

Oct. 2. The symptoms are nearly the same as when last reported. The egesta—I mean what was rejected by vomiting, (for this most distressing operation had been renewed daily,) were of a much thinner consistence, but still possessed all the appearances of feces. She is now harassed with cough and dyspnoea, and has occasional attacks of severe cardialgia.

31. She has continued in nearly the same state since last report. The fecal vomiting continues, but no evacuation per anum has ever occurred; urine extremely scanty; abdomen soft, and comparatively free from pain, even when firm pressure is made on it.

Nov. 4. She reports that, on the first current, a considerable quantity of a serous discharge, having a strong fecal smell, was voided involuntarily per anum. She has experienced relief since it began, and the stercoraceous vomiting has been less severe. In the afternoon of this day, the discharge per rectum was renewed; it was of a green colour, and of a tenacious gummy consistence. She is much harassed with dyspnoea, and her pulse is quick and feeble. The symptoms betoken the near approach of death.

10. She died this afternoon; the thin feculent discharge had occurred daily from the rectum.

#### *Section Cadaveris, Thirty Hours Post Mortem.*

The body was so exceedingly emaciated, that it was surprising nature had been able to maintain the struggle so long. On opening the abdominal cavity, the omentum was found drawn down into the right iliac region (which was the situation of the swelling, which was first observed on the 31st of June); it was however quite free, and not connected by any morbid adhesions. The stomach, and the whole extent of the small intestines, appeared externally sound, and perfectly natural, except that they were of a paler colour than usual; the large intestines, throughout almost their whole track, were much thickened and contracted: they felt hard to the fingers, that every one concerned present at the dissection, imagined

that they were affected with scirrhus in duration. In two or three places, the colon was distended with air for the extent of a few inches; but, in the rest of its course, it presented the appearance already described. The stomach and duodenum were now removed, and their internal surfaces examined; the former was coated with a viscid brown-coloured mucus; the rugae were unusually large and distinct, especially towards the cardiac orifice. The ring of the pylorus was rather thicker and firmer than it is usually, but no obstruction existed, as the finger was readily passed through it. The mucous coat of the duodenum was lined with an orange-coloured viscid mucus; the valvulae conniventes were uncommonly prominent. The other small intestines were quite healthy, and moderately distended with air. I passed my finger along the whole extent of their canal, but it met with no opposition; previous to doing this I inflated them, and they were fully and uniformly blown out. On cutting into the caput coli, a considerable quantity of bilious feces of moderate consistence was found in it, and also, but more sparingly, in some parts of the arch of the colon. I now detached all the large intestines, and having washed them, I distended them with air, and was much surprised to find that they were easily blown up, so that their usual size did not appear at all diminished; their coats were perfectly sound, and, to the eye, they appeared quite healthy. On slitting them open, their inner surface presented, in many places, a plexus of minutely ramified vessels. In two situations, one near the caput coli, the other in the sigmoid flexure, the mucous membrane of the gut was lined with a viscid matter of a grass-green colour. The valva colon was healthy, and free from any obstruction. The texture of the kidneys was unusually firm; otherwise they were natural. The urinary bladder was not diminished in size; its muscular tunic was more distinctly marked than usual, and the villous surface at several places, but especially around the opening of the urethra, was of a lively florid colour. The cephalic and thoracic contents were not examined. To illustrate still further the effects of lead upon the functions of the intestinal canal, I may mention briefly two cases of colica pictonum. One of these is narrated in Sir George Baker's account of the Devonshire colic. A patient affected with gonorrhoea, had been ordered to take the following mixture:—

*Sugar of lead, one drachm;  
Water, six ounces.*

The water was seized with excruciating pain in the abdomen, followed by stercoraceous vomiting; he, however, ultimately recovered. This case is extracted from

De Haen's *Ratio Medendi*; and Sir George Baker adds, that he could mention several other cases in which the same symptoms were present.

The other case is mentioned in the *Medico-Chirurgical Review* for September, 1823. A man was affected with a most obstinate constipation for four years. On dissection, the whole intestinal canal was so indurated and contracted, that a probang could scarcely be pushed along any part of it; the rectum was nearly cartilaginous. This state of the bowels had been induced by a long continued use of sugar of lead in injections, which had been exhibited for a diarrhœa which had resisted the usual means of cure.

It is worthy of observation, in the case of Sarah Hooke, that throughout the whole duration of the disease, not the slightest degree of paralysis of any of the extremities was present. In the treatment of a similar case, I would make a trial of the effects of galvanism or electricity, the powerful agency of which might, perhaps, excite the intestines to healthy action. The patient having been an inmate of the Edinburgh Charity Workhouse, she possessed few of the comforts and conveniences which her case required.

Norton Street, Portland Place,  
May 5, 1829.

#### CASE OF ANEURISM BY ANASTOMOSIS, TREATED BY VACCINATION.

By THOMAS F. DÖWNING, M.D.

March 6. John Beardon, eleven months old, afflicted with a large *navus maternus*, situated over the mastoid process of the temporal bone, extending upwards and inwards, including a portion of the integuments covering the back part of the ear. The mother states, it presented at birth a red discolouration of the skin, that it gradually enlarged, changed to a purple hue, became elevated, discharged blood, and, for the last month, increased with wonderful rapidity, owing, as she supposed, to the application of poultices and fomentations.

It was first my intention to have extirpated the tumour by ligature, but recollecting that the attention of the profession was drawn by Mr. Earle, of Bartholomew's, to its treatment by vaccination, and as no surgeon (at least to my knowledge) in this country, had adopted the remedy, and as this was a case favourable for experiment, as determined to try its effects. I accordingly inserted vaccine matter in several points on the surface of the aneur. At my visit on the eighth day, I found the tumour had become circum-

scribed, surrounded by a red halo, and bearing all the distinct characters of a true vaccine pustule. On the fourteenth day the scab was thrown off, leaving the base of the tumour nearly destroyed; for some days much suppuration followed, but in the course of three weeks from the commencement of the suppurative process, healthy granulations took place, and a perfect cure was effected.

The advantages of introducing cow-pox into the system, at the same time that disease is eradicated from it, are the important effects resulting from this mode of practice; and it must be duly estimated, when put into contrast with the means which have hitherto been employed. When the profuse hæmorrhage which generally follows excision by the knife, the destruction of parts when caustic is attempted, the almost invariable want of success, when the vessels leading to the tumour have been tied, and the irritation and convulsions which frequently follow the use of the ligature, are all taken into consideration, it is to be hoped that the curative means employed by vaccination, will be entitled to favourable notice, and that its efficacy will ultimately supersede the necessity of having recourse to the above painful remedies.

Fermoy, County Cork, April 37, 1829.

#### REMOVAL OF A HÆMORRHOIDAL EXCRESCENCE.

By THOMAS L. BEARDELL, Esq.

Geo. GOUCHEN, labourer, aged 43, applied to me on the 4th of April, on account of a protrusion from the anus as large as a pigeon's egg, which he had been labouring under for ten or twelve years; it was at first small, protruded only on his evacuating his bowels, and returned immediately; it now protruded as many as twenty times a day, and did not return without the application of the fingers. He has taken medicine from almost every practitioner in the neighbourhood without the least relief; I immediately proposed the removal of it by the knife, to which he readily consented; accordingly, on the 7th of April, I removed the whole of the protrusion, as well as a hæmorrhoid situated on the verge of the anus; there was not an ounce of blood lost during the operation; the man was put to bed, and enjoined perfect rest. In the evening I was sent for in haste, as "the man was bleeding to death;" he had been vomiting, and in that act had emptied the rectum of about a pint of blood and mucus. I introduced a sponge tent, and ordered cold to be applied externally.

8. No return of hæmorrhage, and quite easy.

9. Quite easy, no hemorrhage; removed the clot, and allowed an aperient mixture.

10. The bowels have been freely evacuated; the first stool was mixed with blood, the rest quite natural. From this time the man went on well; he got up on the fifth day after the operation; the bowels were kept open by taking a dose of the aperient occasionally, and on the thirteenth day he resumed his work with, to use his own expression, "comfort and pleasure." The case shows the necessity of attending to hemorrhage in the removal of hemorrhoidal excrescences.

Worktop, May 10, 1829.

#### HYDROCEPHALUS CURED BY PUNCTURE.

*Communicated by HENRY GREATWOOD, Esq., M.R.C.S.*

HENRY COWB, son of a cabinet-maker, was observed, soon after birth, to have an unusually large head; the circumstance excited little notice, until it began to increase, and had acquired a great magnitude. Symptoms of pressure on the brain then appeared, the child becoming drowsy, and losing the use of its limbs. At the age of fifteen months, he fell and struck his head against the floor; on taking him up, a short thick nail was observed sticking in the cap, which was wet and bloody. A surgeon was sent for, who, on his arrival, extracted the nail, (which he said had pierced the dura mater at the upper third of the lambdoidal suture on the left side,) and introduced a probe, on the removal of which, a jet of water issued from the puncture. A poultice was applied, and fluid continued to ooze from the opening for four days, amounting in quantity, as the parents suppose, to full three pints. At the end of that time the wound healed, without the occurrence of any bad symptom; the child regained the use of its limbs and rapidly recovered. He is now four years and a half old, and as strong and healthy as any boy of his age in the village.

Budleigh Salterton, Devon,  
April 29th, 1829.

#### SINGULAR PASSAGE OF A FOREIGN BODY.

*By GEORGE BOTTOMLEY, Esq., M.R.C.S.*

JAMES TOWN, aged seven years, swallowed a piece of wild rye, Aug. 30, 1812. On the 6th of September, he complained of severe pain about two inches from the pærox, on the right side, which was attended with a considerable degree of fever. The pain continued violent till the 13th, when it moved to his back, about three inches below the scapula, an inch and a half

from the spine; his bowels were open, and his motions proper. At first there was neither swelling nor discoloration of the skin. On the 15th the pain began to enlarge, I applied a plaster, with empl. gals. comp. On the 22d, the pain being more severe, the swelling increased, and considerably inflamed around the edge of the plaster, which I then removed; and, upon examination, found an evident fluctuation. Poultices were applied to the tumour. On the evening of the 25th, a small dark point projected from the prominent part of the tumour; to which, applying a pair of forceps, I drew forth a piece of wild rye, which the child had swallowed near four weeks before, and which had not undergone the least alteration; after its removal there followed, in a fell stream, about a pint of pus; the boy slept well that night; the next day he came down stairs, and, in the course of a few days more, was completely recovered, and has remained perfectly well ever since.

Croydon, May, 1829.

#### ANATOMY BILL.

*To the Editor of THE LANCET.*

SIR,—Having perused the Bill which is now in progress through the Honourable House, for the better regulation of Schools of Anatomy, the abolition of the resur-rectionist, and the more plentiful supply of subjects for the purposes of dissection, I am induced, from the tendency of some of its requisitions, to make a few remarks upon its provisions before it pass, and become "part and parcel of the law" of these realms.

The Bill provides that the "first disinterment of bodies shall bring upon the offender an imprisonment of six months, and for the second offence, two years." Whether this will be sufficient to meet the exigencies of the case, is very questionable; for my own part I think not, as the men who are engaged in this traffic are of reckless character, and heed not imprisonment, however long it may be; and, as to the fine of 50*l.*, which this Bill imposes for removing a body without license, it cannot be imagined that they will regard it, for where there is nothing to lose, nothing can be lost. "Seven Commissioners are to be annually appointed, the majority of whom is not to consist of professional men." This, from the acquaintance we have with medical legislation, and from the character of the by-laws enacted from time to time by medical and surgical bodies corporate, we shall have no cause to regret; I think it would

be an improvement, were medical men *entirely excluded* from the commission; for, although they do not constitute the majority, they may obtain an *undue influence* over their non-professional brethren, who may, from a belief of their better knowledge on some points, be inclined to defer to their opinions, to the prejudice of obnoxious applicants for licenses to keep schools of anatomy. "The Commissioners are empowered to license schools of anatomy, and to make rules for their regulation." The College of Surgeons, it will be recollected, a few days ago, caused a petition to be presented against the licensing system, which the Home Secretary supported. The expediency of this system is, at best, questionable; at any rate, if it really be considered indispensable to the measure, I think the power of granting licenses had much better be vested in the commission than in the College. Though I do not wish to attribute sinister motives to any who deserve them not, yet such is the tendency of individuals or bodies of men, that if called upon to legislate upon affairs touching their private interests, the public good is generally sacrificed; I suspect, therefore, that the motives of the College in petitioning against the licensing system, are not perfectly pure. Few persons, if any, act without motives; may we not, therefore, inquire *what are the motives of the College?* Is it not that by thus vesting the power of granting licences in this commission, it is deprived of the power of refusing certificates of anatomical lectures by whomsoever they are delivered, so that they are but licensed according to the provisions of the Act? Is it not that any by-law enacted by the Council, disqualifying persons from teaching anatomy, is nullified by this Bill, should it pass into a law? And, with respect to medical men in the commission, have we not to fear that College influence will cause such to be elected into the minority, who will exert their power to withhold licences from those applicants who may be offensive to the Council? May we not inquire, are not these then the motives?

Eight weeks' notice, previous to a quarterly meeting, is to be given before a license can be obtained; and the license, when obtained, is to continue in force only thirteen calendar months, and 5*l.* is to be paid on receiving it. Visitors, or inspectors of schools, may be appointed by the Home Secretary; a non-compliance with the injunctions of the Commissioners, is attended with a fine of 5*l.*; and bodies bequeathed for dissection may legally be delivered up for the purpose, by the administrators or executors of the deceased.

Much has been said as to the necessity of

subduing popular prejudice, before any thing effectual can be enforced to afford anatomical facilities; and very various have been the expedients proposed, to accomplish this certainly desirable object. By some it has been thought that dissection as a punishment for crime should be abolished, by others that the practice of professional men bequeathing their mortalities would, by its example, have a tendency to overcome it; but the framers of this Bill, it appears to me, have thought otherwise, as they require that bodies be decently buried after dissection, under a penalty of 50*l.* for its omission. This, I presume, is a clause to propitiate vulgar prejudices, and one certainly which cannot but exceedingly inconvenience the anatomical lecturer. I see no reason why his convenience should be sacrificed to superstitious feeling; if this feeling must be satisfied, and this is determined to be the only mode of doing so, it ought, I think, to be enacted, "That persons should be appointed by the Commissioners, whose office should be, on the application of the heads of schools, to convey from their several dissecting rooms the remains of such as have been dissected, to some public ground duly consecrated, (to meet prejudices,) where they should be deposited, according to the forms and ceremonies ordinarily adopted on similar occasions." These persons should be in the pay of the Commission, which would relieve the lecturers of much expense, and they would, by the arrangement, be spared much unnecessary trouble.

The Bill further provides, as a means of supply, "That all persons dying in prisons, hospitals or workhouses, if not claimed within 72 hours, are to be given up to licensed teachers." Now two questions arise out of this provision: first, will the supply be adequate to the demand; and, secondly, will such supply be equally and fairly distributed among the licensed teachers, whether public or private? In answer to the first, I think it questionable, because the proportion which those bear who die in these places, is small, compared with those who, during their life-time escape the prison, never enter an hospital, and despise the workhouse; I think, therefore, it would be an amendment were it enacted, "That all persons dying not claimed within 72 hours, shall be given up to the officer of the district, and by him forwarded immediately to the metropolitan establishment; from thence to be distributed to the various applicants for subjects in the order of their application." It has been objected, that the unoffending poor are made the scapegoats for the rich; this objection, I conceive, would, were my amendment adopted, be removed, for the phrase "*all persons dying*," includes all

individuals of whatever rank in society. In order, too, that such persons may be given up to the authorities, it should be provided, "That whenever an individual dies unclaimed, notice should be given immediately to the officer of the district, under a penalty of 50*l.* for omitting to do the same." In reply to the second question I should say, that unless all bodies are conveyed to some public receptacle, and from thence distributed, the distribution would not be equally made. For instance, all persons dying unclaimed in our large hospitals, would be conveyed to the dissecting-rooms attached to them; the consequence of which would be, that there would be a glut in one place, and a famine in another; a condition, I presume, never contemplated by those interested in the measure.

The penalties to which teachers of anatomy are liable are, for keeping an unlicensed school, 100*l.*; for neglecting to register certificates, 50*l.*; and for omitting to bury the remains of subjects, 50*l.* Pupils are liable to a fine of 50*l.*, for dissecting at unlicensed places. Persons feeling aggrieved, must appeal to the quarter sessions within four months. The act commences on the 1st of July, and does not extend to Ireland.

Such are the provisions of this Bill, which will shortly pass into a law, and which are most interesting to the anatomist, and consequently to the whole body of the profession. The student has long groaned under the weight of disabilities imposed on him by one cause and another, and has had to encounter grievous obstacles which have incessantly opposed him; it is refreshing, therefore, to his wearied and anxious mind, to see but the prospect of relief, however imperfect, and come from whence it may. Though this bill is exceptionable in some of its provisions, still it is better than the existing state of things. What is worth doing at all, however, is worth doing well, and I see no reason why this Bill should not be as perfect in its construction at first, as ten years after its enactment; or that we should hail it as a boon, without examining its demerits. It will, however, it is to be hoped, be as "the morning star" of that reformation, which, though tardy, shall open to the enterprising and the meritorious, irrespective of patronage or court favour, the honourable offices in our highly honourable profession.

I have the honour to be, Sir, &c.

JOHN THOMAS,  
Demonstrator of Anatomy.

1, Dean Street,  
Borough, May 14, 1829.

#### MEDICAL BENEFIT SOCIETY.

To the Editor of THE LANCET.

YOUR well-known humanity and zeal for the welfare of our profession, induce me respectfully to request the insertion of this note in an early number of your truly valuable journal.

When we consider the numerous cases of affliction and pecuniary distress that occur among medical men in this large metropolis, I feel surprised that no institution of the nature of a *Medical Benefit Society*, has been established for the purpose of affording relief to its members, (and these, I prophesy, would not be wanting for its formation,) under regulations similar to those with which London and its environs so plentifully abound. I am sure it would be patronised by the heads of the profession and all its friends. I trust the necessity of an institution of this nature will appear to the minds of your numerous readers; as poverty and disease are casualties to which the most eminent and wealthy may fall victims. Permit me to request that you will exercise the influence you possess over a liberal profession, by means of one of the most powerful engines of public opinion, viz. "*an independent press*." I am sure, in my own mind, that I shall have no opposers to my proposal.

H. W. D.

Lamb's Conduit Street, April 18, 1829.

#### ABUSES AT ST. THOMAS'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—Aware of your willingness to remove, if possible, every barrier that may be raised against the obtaining of professional knowledge, I beg to direct your attention to one at St. Thomas's Hospital, which must be considered by all, as taking from pupils that advantage for which they pay so exorbitantly. I refer to the exclusion of all the students, except the dresser, from the examination of the "*female venereal patients*," by the surgeons; it would appear from this, that it is perfectly unnecessary to be acquainted with the effects of syphilis on the female sex. The "*Grand Committee*" as they are styled, (though, in what their grandeur consists, it would be very difficult to solve,) should exercise their authority to afford pupils all the assistance they can, not to deprive them of that which is their right, for every thing under the head of surgery, ought to be free to their inspection; hoping that this may be the means of redressing the grievance of which I complain.

I subscribe myself,

A Pupil.

## THE LANCET.

*London, Saturday, May 23, 1829.*

THE Anatomy Bill passed the House of Commons on the night of Tuesday, or, rather, on the morning of Wednesday, as the third reading took place about half past one o'clock. It should be called the Midnight Bill, or the Murderers' Bill, or the Fools' Bill; for a blacker measure, a more cruel measure, or a more stupid measure, never received the sanction of the "Collective Wisdom." The Bill was ineffective enough, and foolish enough, as published in our last Number, but now it seems there is a "RIDEN" attached to it, of the nature which we can only form a loose guess, from the following paragraph which appeared in *The Morning Chronicle* of Wednesday. Here it is.

"ANATOMY REGULATION BILL.—On the motion of Mr. Warburton, this Bill was read a third time, after a *Rider* had been added, requiring those who have not already kept schools of anatomy, to obtain a *license* from the *Colleges*."

We have carefully examined the reports of the parliamentary proceedings in the whole of the morning and evening papers, but we have failed to discover any notice of this same *RIDEN*, except in the paper in question. How it happened that it escaped the hearing of all the reporters, with the exception of the reporter to *The Morning Chronicle*, it would not become us to attempt an explanation. But such appears to have been the fact.

We have kept this part of our Journal open until the latest moment, in order to present our readers with a portrait of this *Rider*, but have failed in our endeavours to procure it. Indeed, at the moment of our writing this article, it is not in the hands of the members of either House. Although we cannot obtain a sight of the *RIDEN*, the words "Schools of Anatomy—Licenses—

and Colleges"—enable us to form, we fear, but too correct a notion of its true character. After what we have witnessed of the proceedings of the House of Commons, there is no act that it could pass which would surprise us; therefore, if, on the third reading of a bill which professed to place the power of licensing schools of anatomy in the hands of non-medical Commissioners, it have attached to that Bill, and at midnight too, a *RIDEN*, which places that power at the control of a mercenary, narrow-minded, monopolizing, and malignant gang of lecturers—in other words, the Council and Court of Examiners of our detestable College of Surgeons in Lincoln's Inn Fields—this would not even surprise us. But it would surprise us, if the members of the College, the great body of the profession, were to submit tamely, and without resistance, to this act of shameful injustice and oppression. Is this the mode in which Parliament intends to remove the grievances of which the surgeons complained in their petition, presented to the Commons in March, 1827—a petition still on the table of the House, upon which no motion has been founded even to this hour? What would be said by the public, if an Act were passed to empower Messrs. Barclay, Meux, Whitbread, and Co., 'to grant licenses to all persons who might wish to become brewers, and to impose heavy penalties upon all persons who should brew and sell beer without such licences? Would not such a measure be received with an universal cry of shame? Yet if our construction of the paragraph in the *Chronicle* be correct, we have in this *Rider* a precisely similar enactment. For what is it? Nothing more nor less than a power given to one set of lecturers to grant licenses to another set of lecturers, and to those who may wish to become lecturers; and this, too, by legislators who profess to encourage free trade. Under the influence of such a system, we should, indeed, be blessed with a goodly

apt of teachers. The triumph of needles and needles is at hand. That so monstrous a proposition as this should have found a birth-place in the College, we can readily believe; but we are at a loss to imagine who could have had the folly and the temerity to bring it before the consideration of the House. He appears, however, to have been well acquainted with the feelings, opinions, and understandings of his hearers. This Bill, on the third reading, as on the other occasions, was brought forward after midnight, and, from the number who voted, we believe there were scarcely forty members in the House. We entreat the MEMBERS of the COLLEGE of SURGEONS to bestir themselves, and to oppose the Bill in its future progress by every means in their power. A PUBLIC MEETING, and a petition to the House of Lords, may, perhaps, be desirable, and there will probably be time enough to take these steps after the appointment for the second reading; and after we have had an opportunity of giving the whole of the features of this "RINER" a deliberate and dispassionate examination. Without any opposition, however, on the part of the members of the College, we yet believe that this Bill will be scouted from the House of Lords. It is a Bill which is only calculated to confer advantages on monopolists, to perpetuate the horrible traffic in human flesh, and to permit parochial and other officers to inflict upon the bodies of the innocent, destitute, and unoffending poor, the same marks of punishment and degradation as the law still imposes upon the worst of criminals.

On the afternoon of the day on which the Bill passed the Commons, it was taken, with its precious Rider, to the House of Lords, and we subjoin, with some satisfaction, the remarks of the Noble Lord by whom it was introduced:—

"The Earl of MALMESBURY said, a very important Bill had been brought up this day, which had not yet been printed, and, in

moving that it be printed, he disclaimed being a supporter of it. He had very great doubts of the propriety of legislating on subjects of this nature. The Bill to which he had alluded had a very long title, but he believed it was shortly a Bill for regulating Schools for anatomy. It was a question of very great importance, and was extremely unpopular out of doors. For his own part, in considering it, he felt a sort of conflict between the head and the heart on the subject. He hoped due notice would be given by any noble lord who meant to move the second reading of the Bill. The noble lord then moved, "that the Bill be printed." Agreed to. On the motion of the Earl of Shaftesbury, the Bill was read the first time."

## CORONER'S INQUEST.

### ALLEGED MANSLAUGHTER.

On Wednesday last, an Inquest was held at the Prince of Wales, Banner Street, St. Luke's, before Mr. Unwin, Coroner, on the body of Mr. William Archer, silk manufacturer.

It appeared from the evidence of the witnesses, that the deceased on Sunday week applied to Mr. Martin Van Butchell, in consequence of a stricture in the rectum. Some instrument was passed up the gut, and the deceased, after suffering severe pain, expired on Saturday last. In the interval he was attended by Mr. Lloyd and Mr. Smith, surgeons, who stated, that on examination of the body, they found the peritoneum in a state of inflammation, and a small wound in the rectum four inches from the anus, which they both thought had been produced by the instrument.

The Jury, after a few minutes deliberation, returned a verdict of manslaughter against Martin Van Butchell, who has been committed to Newgate on the Coroner's Warrant.

It is but fair to state, that although Mr. Van Butchell is not what is denominated a "regularly educated surgeon," that he enjoys, and we believe deservedly, great reputation for his treatment of diseases of the rectum. Had the Coroner been a medical man, we think the verdict would have been different. We shall not, at present, say more on the subject, but will merely ask, if the patient had expired in Guy's Hospital, and the operation had been performed by a *very* ~~skilful~~ *skilful* ~~skilful~~ *skilful*, would there have been any inquest on the body? and if there had, what would have been the evidence of the operator's colleagues, and what the verdict?

## DERIVATION OF HERNIA.

To the Editor of THE LANCET.

SIR.—I have too high an opinion of the liberality of sentiment which has always been so characteristic of your Journal, to suppose for a moment that you will disallow me the right and privilege of vindicating the term *hernia* which I gave, and which appeared in your Number of last week. As it is of importance that all terms of general use should be rightly explained and understood, you will, by permitting insertion to the following remarks in your next, further oblige

Your most obedient servant,  
J. B. MELSON.

Birmingham, April 10, 1859.

The first argument used is the following: "*ramex* is the Latin synonym for *hernia*; and as *ramex* is derived from *ramus*, so *hernia* is, by the same analogy, derivable from *epros*." This argument can have no force, when it is known that *ἥρῡνα* is the Greek term used to express *hernia*. Thus Galen, in his *Lib. de Constat. Artis Medicinæ*, p. 56. 28, writes, "*ἥρῡναι τὸ ἥρῡμα δια-ruptura re vel ἥρῡσθαι κατὰ τὸ ἀσπασθαι ἥρῡ μῦρον τὸ αὐτὸ*," which term *ἥρῡμα* is admitted by all lexicographers to be derived from *ἥρῡναι*. It is therefore more proper, analogically speaking, to say, that as *ἥρῡμα* is derived from *ἥρῡναι*, so *hernia* will have for its theme the same verb.

The next objection is, that *epros* is aspirated. This is an assertion altogether incorrect; *epros* is not aspirated; in corroboration of this statement, it will be sufficient to say, that it is unaspirated in the lexicons of Scapula, Hes. Stephanus, Suidas, Hesychius, Hederic, and every other which I have had an opportunity of examining, in a very extensive classical library. On this last point more particular stress is placed, from the great importance of the aspirate in establishing the Greek theme.

We have already intimated, that we consider it a waste of time to pursue such inquiries as that to which our correspondent attaches so much importance. As Mr. Melson, however, attacks the reasoning by which we endeavoured to convince him of the futility of his conjecture, we will add one or two words in support of the observations we made in a former Number, though we have no hope of winning any corres-

\* *Rupturam fieri dicunt aut rupta mun-ech carnosæ parte,*

pondent from the partiality with which he evidently regards his supposed etymological discovery.

Supposing the word *hernia* to be derived from a Greek original, we argued that that original was, in all probability, *epros*, the branch of a tree, to which the descending portion of intestine was supposed to bear a resemblance, inasmuch as *ramex*, a Latin word synonymous with *hernia*, is unquestionably derived from *ramus*, the branch of a tree. This reasoning would equally apply, whether we suppose *hernia* to be an older word than *ramex*, and the latter to have been formed by analogy from the former; or, on the other hand *ramex*, to be a word of more ancient date than *hernia*, and the latter to have been formed from the analogous Greek theme. That *ramex* is used in the same sense as *hernia*, may be seen by a comparison of two passages—rather puzzling ones—in Juvenal.

"Nihil ibi per ludum simulabitur, omnis hinc  
Ad verum, quibus incendi jam frigidus  
ævo  
Laomedontides, at Nestoras *hernia* pos-  
sit."—*Sat.* vi. 324.

"Non eadem vini, atque sibi torpente pa-  
len  
Gaudia; nam coitus jam longa oblivis;  
vel si  
Coneris, jacet exiguus cum ramis acti-  
vus."—*Sat.* x. v. 203.

But what says Mr. Melson to this argument from analogy? He pronounces that it can have no force, when it is known that *ἥρῡμα* is the Greek word for rupture, which word is admitted by all lexicographers—who could ever doubt or dispute it?—to be derived from *ἥρῡναι*. It is therefore, proceeds Mr. Melson, more proper, analogically speaking, to say that as *ἥρῡμα* is derived from *ἥρῡναι*, so *hernia* will have for its theme the same verb.

Mr. Melson is evidently unconscious that what he here puts forward as an argument from analogy, and as a better argument of that description than the one we ventured to suggest, is, in fact, nothing but a *petitio principii*, a begging of the proposition with which he set out—an assumption of the thing to be proved, or rendered plausible.

The thing Mr. Melson wishes to prove is, that *hernia* is derived from *ἥρῡναι*. What is his argument? Because *ἥρῡμα* is de-

rioid from *Spina*—which nobody disputes, for the letters composing the chief part of each word are identical—therefore *hernia* is derived from *Spina*, which is the thing disputed, for it is only by an awkward transposition, by a species of etymological legerdemain, that one word can be brought to bear the remotest resemblance to the other. The argument for deriving *Spina* and *hernia* from the same original, those words having at least one or two letters in common, may be thus illustrated. Jackson is clearly, on the score of family likeness, a relation of Jack; but Simpson and Jackson both wear green spectacles, therefore Simpson is a relation of Jack.

With respect to the breathing of *Spina*, we have only a Hederic's Lexicon before us, (edit. 1799,) and we there find the initial vowel aspirated, wherever the word and its derivatives occur. But supposing it to be unaspirated, that circumstance would not much help our Correspondent's argument, for the ancients wrote *honus*, *honustus*, &c., for *onus*, *onustus*, &c., and many Latin words are written indifferently, with or without the initial h, as *hedera*, *edera*, *hal-luciner*, *alluciner*, &c.

But, finally, *hernia* may not be derived from a Greek theme at all, and we observed, in noticing Mr. Melson's former communication, that Celsus expressly tells us, that the word is of Sabine original. For this reason we used the word *derivable*, and not *derived*, in considering the reasons in favour of deriving *hernia* from *Spina*. Celsus, it is to be remembered, lived nearly in the Augustan age of Roman literature, and was more likely to know the true derivation of the word in question, than any modern lexicographers. Now, if his derivation be correct, there is an end at once to the controversy. This is a part of the argument on which our Correspondent seems to have been too much pre-occupied with the merits of his discovery, to bestow any portion of his attention. Servius, in his commentary on the following passage in Virgil,

"Quique altum Præneste viri, quique  
arva Gabrum

Junonis, pallidumque Aniemem, et ros-  
cida rivis

*Hermion* saxa colant ;"

notices the sense of the word *hernia* in the Sabine dialect, from which Celsus deduces

the name of the disease. We are ashamed of the extent of ~~obscurum~~ <sup>obscurity</sup> into which the discussion of this very trivial point has carried us; but our Correspondent ~~seems deter-~~ <sup>is deter-</sup>mined to break a lance with us, and we never decline a challenge. We cannot afford, however, to concede any more space to this or any similar subject.

*A Practical Treatise on the peculiar Tonic and Stomachic Properties of the Round-leaf Cornel, (Cornus Circinata,) particularly in Cases of Indigestion of Weakly and Elderly People; and for local and general Debility, the consequences of excessive Indulgence in Spirituous or Vinous Liquors, Savoury Dishes, or a long Residence in a Tropical Climate; and for the Breaking-up the System, termed the Climacteric Malady: with Directions as to the Choice of Articles of Diet, &c. To which is added, an Account of the Antispasmodic Properties of the Lobelia Inflata, with Directions for its Exhibition in Spasmodic Asthma, Hooping Cough, St. Vitus's Dance, &c. By J. H. ROBINSON, M.D. London, Higley, 1829; pp. 110.*

COMMEND us to a short title. The reviewer has then some opportunity of saying a few words, at least as to the contents of a book, if there be nothing either demanding criticism or calling for extraction; but this is as lengthy as the titles of Mr. Frost or Dr. Granville, and, with the addition of a few figures, would form a complete index to the book. It forestalls our remarks, and allows us little more than to say, that the intentions of the author are praiseworthy, and that the *cornus circinata* is a medicine deserving the attention of the profession, if half what is said of it be true.

It is the misfortune of new or newly-revived remedies, that they are too highly extolled at first, and that greater expectations are excited, as to their powers, than experience ultimately justifies. The result is injurious to the character of what is, perhaps, really a valuable mode of treatment. Whenever great expectations are excited, a proportionate impatience of effect is excited also, and the consequence often is, that if that effect be not as speedy as it is promised, the physician is disappointed, and the

steadily attended. The recommendations which accompany this tract are, perhaps, not wholly free from this general remark: So attentively does the author regard the effects of the cortex; that, according to Dr. Robinson, there must be a grand error in the locality of the plant; and, instead of being found as a humble shrub amongst broken rocks, in north-western aspects, on the Whetstone mountains of North America, and in such other barbarous situations, it ought to have perfumed the air of every climate in which "savory dishes, wines, spirits, and choice articles of diet," are liable to tempt dissolute men to "excessive indulgence." Dr. Robinson has brought himself to look upon it as the tonic, "the natural tonic of the human stomach." It will rejoice us to know, after the trials have been given, which we have no doubt it will receive, that such a medicine, as a natural medicine, has been found; that there really is a specific for indigestion. We are afraid, however, after all, (to the sorrow of all gourmands be it spoken,) that the natural tonic of the stomach is—rational abstinence.

Searching the pamphlet for something in the shape of a case, we find the following—the author's own, which, however, is the only one.

"Shortly after my arrival in America from the West Indies, I was seized with a violent and distressing disorder of the digestive organs, which, from the appearances of the evacuations, the state of my liver, and various other circumstances, I was induced to believe, originated in some derangement in the biliary apparatus. When the disorder of the stomach, &c. first made its appearance; I neglected all medical treatment; but after some time had elapsed, I was obliged to resort to an extensive use of cathartics, alteratives, and tonics; but they produced temporary alleviation only. In fact, the powers of the far-famed colombo and bark were never found more inefficient. My mind now became a prey to despondency, and my spirits began to lose their natural elasticity. From the sudden attacks of the disease, I could never enjoy any necessary recreation, or find any satisfaction in the society of friends. In this dreadful situation, I consulted Professor Ives, and was advised by him to try the alkaline extract of the *round-leaf cornet*. I did so, and I am happy to state, that the most satisfactory results attended its employment; for it speedily corrected the disordered condition of the biliary apparatus, and of the whole

digestive canal, and restored me to perfect health."—p. 7.

Part of the tenured paragraph is amusing enough; and, at the same time, affords a specimen of the loose and general kind of recommendation which often accompanies new remedies.

"In cases of debility, or relaxation of the uterus or vagina, attended with a sensation of falling down of the uterus, or with actual prolapsus, or *fluor albus*, the tincture made with the alkaline extract is a most valuable remedy; and it is particularly worthy of notice, that from what is termed its desobstruent effects on the womb, i.e. its cleansing quality on the walls of the organ, its effects are not only durable, but they *clearly prepare it for impregnation*, and, by improving at the same time the general health, it is an excellent remedy for *barrenness*."—p. 13.

This hint for the ladies. The following, a few pages further on, is not a bad one for the gentlemen:—

"Three drachms of the simple extract dissolved in a bottle of sound wine, forms a very excellent tonic medicine, of which a small wine-glassful may be taken twice a day, i.e. about two hours before dinner, and four hours after dinner, in cases of local or general debility."—p. 20.

The account of the *lobelia inflata* comes in as a make-weight; it consists of a summary of virtues of the plant, extracted from American and Scotch works; of the antispasmodic qualities of which, some of the physicians of the former country think highly.

*An Account of the Morbid Appearances exhibited on Dissection, in Disorders of the Trachea, Lungs, and Heart, with Pathological Observations; to which a Comparison of the Symptoms with the Morbid Changes has been given. By THOMAS MILLS, M.D. 8vo. Cumming, Dublin, 1829. p. 303.*

THE volume whose title stands at the head of this paper, is another of those compilations which periodically issue from the fertile portfolio of Dr. Mills, and which it is difficult to characterise without seeming to inculcate industry, and discourage attempts to extend the boundaries of pathological anatomy. But with all the appearance

of laudable objects for their names; and all the semblance of competent design in their execution, these works are calculated neither to improve the practice, nor to enlarge the limits of medical science. They in general exhibit the approved treatment of the day in abundance of prescriptions, display the facts of antecedent investigators in copious dissections, and recapitulate, with sufficient precision, the theories deducible from them, in a series of clinical commentaries. But unfortunately for the utility of these publications, and for the reputation of their author, they just arrive at the "twelfth hour,"—when the humblest individual in the profession, and the most remote from sources of novel information, are in possession of their contents. They are, in fact, but the dying and diffused echoes of discovery, collected by the speaking-trumpet of their author, and blown back on the public with scarcely a variation of the original composition; without profit to the hearer, and without any merit to the performer. Besides the defect of servile imitations, there are still more objectionable peculiarities observable in these productions. Whoever reads them attentively, must be immediately struck with the scrupulous exclusion of all reference to those sources from which Dr. Mills has undoubtedly drawn his information; and, with the singular fact of his dissections being entirely conducted by different hands. We do not expect that every loan in literature and science should be acknowledged; for the liquidation of such debts, those of Dr. Mills, at least, would be an endless labour. but when the views of his predecessors, on which their fame depends, are adopted unreservedly, we conceive it to be but an act of common honesty to concede the priority of their claims, and to give reasons for differing from their opinions. Neither would we impose the laborious duty of performing with his own hands, every part of his morbid dissections on any pathological anatomist, but we should require that the minute examination of diseased structure should be the work of his own senses, and that in all cases, the report should be couched in his own phraseology, for we hold that none but experienced hands are competent to such difficult investigations, and that the description of morbid parts, upon which it is attempted to found a chain of reasoning, explanatory of

the cause or the cure of the disease, to be at all available for this purpose, must be conducted in the language and nomenclature of one and the same individual. Of these observations, which are made in the spirit of impartiality, the present work is as perfect an illustration as any one of its numerous family. Descending from the head, the subject of his last production, and which has been completely swallowed up in the works of Abercrombie and Meuro, Dr. Mills arrives at his examination of the diseases of the trachea and the lungs; subjects in which he has still more able competitors, than in any which he has yet discussed. Yet, notwithstanding the identification of Baillie, Young, Andral, Laennec, Bronsars, and other writers, foreign and British, with these topics, not one word of their names or their labours do we find in this book, with the contents of which we shall now endeavour to make our readers acquainted.

In the introduction, which comprises but few sentences, and still fewer ideas, we find nothing which can be transferred to our pages with profit to the public or credit to the author; it exhibits, however, the candour of a confession, in which he admits the justice of one of the charges which we have made against the mode of conducting his dissections, thus:

"I need not remind the reader, that in conducting this investigation, the appearances on dissection have been made the ground-work of the opinions I have adopted, and of the practice I recommend; these appearances are set down in the words of the different surgeons who directed the examinations."

From the pathological synopsis which precedes his cases of croup, the first section of the volume, we are able to glean the following important intelligence, namely, that he has met with cases in which the croupy sound was absent in the commencement of the complaint; that he considers it dangerous to wait for the appearance of this symptom; that, according to his experience, there is no such disease as spasmodic croup, unaccompanied by inflammation; that some families are subject to this malady, from which they may be rescued by treatment of which he leaves us in ignorance; that the affection assumes the acute and chronic forms; the post-mortem appearances and treatment of

which, he sums up in the following manner:—

"In the post-mortem examinations at which I have been present, I have found the base of the larynx or trachea, or both, closed from adhesion, but much more frequently, from the effusion of coagulable lymph, or where the passage was not blocked up, the same matter was found in large quantity in the bronchia. Bloodletting, general and topical, blistering, emetics, cathartics, and the hot bath, are the proper remedies, and they should be employed in quick succession. In the first instance, blood should be taken from the jugular vein or arm; leeches are then to be applied to the external fauces; an emeto-cathartic is to be immediately exhibited; and as soon as possible, the patient is to be immersed for 15, 30, or 40 minutes in a hot bath, during which time the bleeding is to be encouraged from the orifices made by the leeches; if these remedies fail to produce relief, a blister is to be applied to the external fauces, or, what is more efficacious, boiling water, which often arrests the progress of the disease when employed at its onset; after depletion, calomel and opium should be given in large or small quantity, as may be deemed requisite, or they may be combined with James's powder, a combination which in some cases proves eminently useful, by equalizing the circulation, and exciting the action of the cutaneous vessels; still, however, it is to be kept in mind, that these are but auxiliaries to the first-mentioned remedies, which, on every return of the paroxysm, must be again resorted to without loss of time."—p. 26.

These are amongst numberless passages corroborative of the general character which we have drawn of Dr. Mills's book. We here meet with the commencement of that systematic exclusion of the labours of contemporary writers which marks all his publications, and which reduces his readers to the alternative of imputing his silence either to ignorance, or to the less venial offence of studied design. Thus, in pointing out the absence of the pathognomonic found in some cases of croup, without any attempt to explain that circumstance, it is almost impossible to believe that Dr. Mills had been ignorant of Laennec's lucid account of the cause of that feat. Every person is aware that this splendid writer, whose work\* is now

the manual of all physicians in the study of the diseases of the respiratory organs, has satisfactorily cleared up this fallacious difficulty, by showing from dissection that the absence of the croupy sound is observable in those cases only in which neither the inflammation, nor the adventitious membrane formed in the trachea during this disease, has reached those parts of the larynx more immediately concerned in the production of the voice. Whenever these organs are unaffected, and the membrane formed by the plastic inflammation present in this disease is confined to the lower parts of the trachea or bronchia, this peculiar sound is never to be heard. Had Dr. Mills only attended to this explanation, he would scarcely have fallen into the blunder of putting forward this phenomenon as an unexplained fact; much less have warned his reader against the danger of waiting for a symptom which, according to this view of the case, might never have appeared. For Laennec assures us, that he has rarely, if ever, met with an instance in which croup could be detected at the commencement by the symptoms alone. With respect to the morbid appearances, and the practice recommended by Dr. Mills, they may be readily despatched: our quarrel with him is not for being unable to add to the discoveries of his predecessors in morbid anatomy or therapeutics; we complain of his suppressing all notice of their exertions, while repeating the substance of their investigations.

We next arrive at the cases of croup; their number equalled only by their monotony, one of which we shall transcribe, as an *en masse* specimen of the whole:—

"*Case of recovery from chronic croup.*—Feb. 16. Master C—*et*at. 2½, during the last two months has been subject to repeated attacks of croup, having been left sitting by a careless servant on a damp floor; the fits often come on by day without any apparent cause, and as often by night; there is little cough, and no expectoration, and there is frequently a wheezing noise in respiration; the fits commonly last from a few seconds to two minutes; during their continuance, the prominent and urgent symptom is the sense of suffocation; the child appears as if it were suffering from strangulation; a sudden cry or scream announces its approach; the expression of countenance is that of dread or fright; in a moment the voice becomes faint, and suddenly dies away; then the

\* A third edition of Dr. Forbes's excellent translation, carefully revised and improved, has lately been published by Messrs. Unwin & Wood.

mouth is thrown wide open; the lips become pale and livid; the eye-lids are distorted; the eye-balls roll; the pupils are dilated; the muscles of the face, body, and extremities are, for a few seconds, convulsed, and then apparently paralysed; death seems about to close the scene, when the air again enters the lungs, and resuscitation follows, accompanied by great anxiety, palpitation of the heart, and by moans, sighs, and cries. The croupy sound does not accompany every fit; sometimes it occurs on inspiration, and sometimes on expiration. The bowels are usually confined, and the faces often of a dark or greenish hue; the urine, at one time, is whitish, at another, natural; perspirations are frequent and partial, the appetite is tolerable, and the complexion pale. A blister has been applied to the external fauces, and castor oil has been administered. *Hirud. iv. faucibus ex.; bal. tep.; mist. emeto-cath.* 27. The remedies of yesterday have afforded considerable ease; four fits within the last twenty-four hours, but less violent than usual; pulse frequent and irregular; wheezing noise in respiration; skin hot, Vesic. faucibus ext.; mist. emeto-cath. 28. One fit only since yesterday; vomiting and purging by the mixture; expression of countenance more natural; mucous expectoration produced by the vomiting; skin hot; pulse frequent. *Hirud. iii. faucibus ex. R. Calomelanos.; pulv. jascobi; sacchrj albi & R gr. vj. M et divide in partes sex.; sumatur pars, una tertiis horis; habent balneum tepid.* March 1st. Three slight fits since yesterday; hissing noise in respiration; sometimes accompanied by the croup; bowels open; fever abated. *Cr. Pulv. et. baln. tepid.; vesic. faucibus ex.* March 4th. Two slight fits since my last visit; skin soft, and of an equable temperature; no wheezing noise in respiration; copious discharge by the blisters. *Mist. emeto-cath.; habent baln. tepid.* March 7th. One mild fit since the last report; respiration free; the discharge from the external fauces continues by the application of savine ointment. *Contr. pulvres et mist. emeto-cath.* March 12th. No fit. *Omittr. med.* March 18th. Convalescent. This patient was visited by Mr. Dyns, Castle Street.

"*Commentary.*—A spasm of the larynx or trachea, or of both, accompanies most cases of croup; and, in many instances, the danger is in proportion to its duration and the degree of its intensity. The spasms are induced by the inflammation of the lining membrane of the windpipe, and their mildness or violence commonly depends on its degree and extent; to this general rule, however, there are exceptions, for in one *post-mortem* examination, at which I was present, the marks of inflammation were not unusually striking, yet the spasms were ur-

gent, and apparently caused the death of the patient. In the case now before us, the spasms were violent, and often threatened suffocation; that they were caused by inflammation, may be inferred from the good effects of evacuates and counter-irritants. Cases of croup, so violent, and of such long duration, seldom terminate so favourably; but, let it be remembered, that in all such instances relapses are frequent; the practitioner is, therefore, called on to recommend the employment of those measures which are most likely to obviate their recurrence, as the establishment of a drain in the external fauces, a mild, pure, dry atmosphere, a proper regimen, and the use of medicines calculated to preserve a healthy state of the secretions." p. 19.

The case and commentary which we have transcribed, will serve to give an idea of the contents of this department of Dr. Mills's book, and to show that it contains nothing more than what the case-book of every physician who practises his profession extensively and systematically, could furnish in a few years. Some remarks on, and cases of, cyncanche maligna follow: they are brief, and, as the author thinks them unimportant, we pass them, therefore, to arrive at the next great division of the work, diseases of the lungs. Preceding the cases of phthisis, which occupy so large an extent of the volume, there are a few prefatory observations, from which we select the following:—

"On a review of the following cases and dissections, I find that ossification of the cartilages of the ribs, and chronic inflammation of the heart and of the lining membrane of the bronchiae and lungs are frequently detected in the bodies of those who laboured under asthma; and that a collection of a watery fluid in the pericardium is often found to accompany an obstruction of the lungs, even where the heart and pericardium are not diseased. These and other cases and dissections likewise inform me that hydrocephalus often supervenes to an impeded circulation in the lungs or heart: this is a valuable fact, inasmuch as it may serve to direct the attention of the practitioner to the first symptoms of morbid action in the brain." p. 37.

The every-day occurrence of these facts leaves no room for doubt; it would be somewhat surprising were we not to find some traces of inflammation in the bronchiae, and in the lungs, in asthma; inflammation itself constitutes that disease; neither is it uncommon nor extraordinary, to find effusions

into cavities in cases of obstructed circulation, for the obstruction very satisfactorily explains the accompanying effect: the brain, too, may suffer like other parts, from an imperfect balance in the circulating system, and we see no reason why it should not; but when we are told that the co-existence of hydrocephalus, with obstruction of the lungs, is an important fact, and should direct the attention of the physician to the morbid symptoms of the head, though we grant the premises, we can by no means assent to the practical prudence of the inference, for we cannot understand the utility of looking to the head, when the seat of the evil lies in the chest. It would appear to us much more rational and scientific to attempt the removal of the cause from the lungs, than to apply *placeboes* to its consequences in the head. We shall now, however, proceed to lay before the reader a few of the cases of phthisis, that he may judge of the manner in which the treatment, dissections, and the reasoning upon them, are conducted by Dr. Mills:

"*Case and Dissection.—Tubercular Phthisis with a scirrhus state of the left Lung resembling Cancer.*—September 6th, 1820. Mr. N—, aetat. 33, complains of cough, dyspnoea, and copious gross expectoration, of fugitive pains throughout the thorax, of fever and emaciation; the digestion is imperfect, and the fæces and urine indicate a vitiated state of the secretions. These symptoms are of several months' duration, and are ascribed to intemperance and exposure to cold and wet. Blisters, sperients, anodynes, and balsamics, have been employed; recommended to try country air, asses-milk, and exercise on horseback. Oct. 10th. Emaciation, hectic fever; expectoration gross, dark-coloured, and occasionally tinged with blood; pains in the left side and sternum; nutritious diet. Mist. scillæ. A succession of small blisters to be applied to different parts of the thorax. Nov. 6th. Diarrhœa, debility. Mist. astring.; wine. Dec. 22. Death.

"*Dissection by Mr. M'Namara and Assistant.*—Several adhesions between the pleura pulmonalis and costalis on the left side. There is about a pint of a watery fluid tinged with blood in the left cavity. In the left lung are numerous tubercles of different sizes, some of a cheesy or fatty nature, others in a state of ulceration; a considerable portion of this lung is converted into large irregular ulcers, the sides and edges of which are hardened and covered with purulent matter of a slate colour. The right lung is

studded with numerous tubercles, some of which are in a state of incipient suppuration. In the right cavity is half a pint of a fluid similar to that discovered in the left. Abdominal viscera sound.

"*Commentary.*—This is a case of tubercular phthisis, which terminated in extensive irregular ulceration and scirrhus of the left lung, resembling cancer. Would not this and similar instances of scirrhus of the lungs, tend to prove the existence of lymphatic glands in this organ? Prussic acid, laurel-water, and digitalis, are usually employed in cases like the present, because the pulse is frequent and the skin hot; from the post-mortem appearances, it is clear that these medicines cannot be useful, and, as they lower the tone of the vital powers, and impede digestion, it is manifest they must shorten the life of the patient."—p. 92.

The report of the dissection, and the conclusion deduced from it in the preceding instance, present a very felicitous specimen of the manner in which Dr. Mills's surgeons conduct their post-mortem examinations, and of the theoretical speculations which he erects on their descriptions. Mr. M'Namara finds large irregular ulcers, with hardened edges, and a dark-coloured discharge in the lungs, and instantly Dr. Mills cuts the Gordian knot, by converting them into scirrhus lymphatic glands. These indurated irregular ulcers were, in all probability, no other than encysted tubercles in their last stage, when the ulcerous mass surrounding them is often as hard as cartilage. The project of proving the presence of lymphatic glands in the lungs, by turning them into scirrhus, is equally ingenious with the transmutation itself. It does not, however, require the presence of scirrhus to prove the existence of lymphatic glands or (ganglia) in the lungs, any more than the presence of lymphatic ganglia would be required to prove the existence of scirrhus. The mooted point by Dr. Mills, must raise the question whether, when adducing this hypothetical proof, he was not really ignorant of the fact, that Cloquet, and other systematic descriptive anatomists, have determined, that lymphatic ganglia form one of the component parts of the organisation of the lungs. The absence or presence, however, of lymphatic ganglia in the lungs, has nothing whatever to do with the problem started by Dr. Mills; for, if there be any credit due to his argument by analogy,

we should be warranted in saying, that it does not follow that lymphatic glands exist in parts attacked by scirrhus; first, because we see these bodies in other parts of the system extensively diseased, without being scirrhus, as in most cases of scrofula; and, secondly, because scirrhus often affects parts in which lymphatics in the glandular form do not exist, as, for example, when it affects the skin in various parts of the body. Dr. Mill's reasoning, in fact, on this point, is an inversion of one of the fundamental principles of logic, which prohibits us to argue a particular *ad generale*; for scirrhus being notoriously a rare disease of glands, compared with other morbid conditions of these bodies; he reasons from the exception, instead of the general rule.

(To be concluded in our next.)

#### DUY'S HOSPITAL.

At a dinner of the Governors last week, Mr. DEANERY COOPER was not present, but his power was *was*. One of the guests accidentally upset the valuable trophy, when KING HARRISON exclaimed, "Take care of your eyes—beware of the *ashes*!"—"Don't be alarmed," said our old friend JOE BURNS, who happened to be present, "Don't be alarmed, 'tis only POLLARD."

#### LONDON MEDICAL SOCIETY.

May 11th, 1859.

Mr. CALLAWAY, President, in the Chair.

#### CASE OF ARM PRESENTATION AND SPONTANEOUS EVOLUTION.—NODS, AND TREATMENT.

THE minutes of the last meeting were read.

Mr. SHERLEY read the particulars of the case of M. B., *ætat.* 25, who was taken in labour with her third child, on the evening of the 1st of February, 1858, to which Mr. Waterworth, surgeon, was first called in. Through the membranes, which had been ruptured for some time, an arm was found to present, and the womb was in a state of contraction. Opium was administered, but the contraction of the uterus was not at all lessened. Tartar emetic was subsequently combined with opium, and fomentations were resorted to. A laudanum enema was administered, but the patient still continued pretty much in the same condition. At 11 p.m., Mr. Sherley was called in, he advised the administration of forty drops of opium,

to be repeated as circumstances might require. There was no irritability about the patient; she was in all respects perfectly quiet and in confident spirits. At four, on the following morning, both practitioners again met at the bedside. The arm and funis were then at the external outlet; the head had descended into the pelvis, and the face lay to the right foramen ovale. From this time uterine action continued until between seven and eight o'clock on the same morning, when delivery was accomplished. In the course of the interval, spontaneous evolution took place; the breech presented, after which the shoulders and head were expelled without difficulty; the placenta quickly followed, and the patient perfectly recovered.

Dr. WILLIAMS observed, the case appeared to him altogether so ambiguous, that he could neither make head nor tail of it. He was not at all satisfied as to the original situation of the child. Did the hand present with the head above it, or was it really an arm and shoulder presentation? He could learn nothing from the narration.

Mr. SHERLEY said, that the arm alone presented when he saw the case, and no other part. He had brought forward the case for the purpose of showing that spontaneous evolution had taken place, as the consequence of permitting the patient to remain quiet, and giving opium.

Mr. FIELD, the Registrar, said, that in these cases there was no evolution or revolution of the child. The child was, for the most part, by the strong efforts of the uterus, expelled in a doubled state, and this he (Mr. Field) thought was the general belief of accoucheurs on this point.

Mr. FROXON thought it would be highly injurious to have it sent forth to the public, as the practice of the Medical Society of London, that where an arm and shoulder presented, the case should be left to the risk of spontaneous evolution. Practitioners were generally agreed, that opiates should be given before the operation of turning; but it would be found, that patients would almost invariably be lost if, where the arm and head presented, they were to be left to the assistance of nature. He, therefore, considered the practice adopted in the case Mr. Sherley had related, one which it was not advisable to follow.

A MEMBER inquired, whether by "the arm presenting," it was meant that the arm protruded entirely.

Mr. SHERLEY said it was, and that the hand protruded beyond the os ærærum.

Mr. DAYDALL observed, that such practice appeared to him highly objectionable. In a case like the present, the arm presenting, practitioners ought not to wait for spontaneous evolution. A neighbour of his

had met with a case very similar to this; he waited for 24 hours, and by that delay the patient was lost. He had had two or three arm presentations, but invariably proceeded to turn as early as possible.

Dr. RYAN believed that Dr. Denman, in his very extensive practice, had only met with three cases of spontaneous evolution, and in but one of those was the child born alive. Very few of the most extensive practitioners had met with any; it would, therefore, be injudicious, in arm presentations, to wait for spontaneous evolutions. Two cases, however, had happened to himself, the infants being small, in which he had not waited for the spontaneous evolution, but in which it took place, and the children were born, the breech presenting.

Dr. WATKINSON observed, that it had been his constant rule, whenever he found an arm presenting, to endeavour to make out the position of the rest of the body, and to turn without the least delay. When he found the os uteri fully dilated, and the membranes protruding, his habit was to rupture them, for the purpose of ascertaining the presentation, because, if at this period an arm presented, he could turn as easily as he could put his hand into his pocket.—Whereas, if turning were delayed, the arm presenting for 12 or 24 hours, the greatest difficulty would oppose the turning, and the uterus be subject to the utmost danger. So sensible was he of the difficulty and danger attending delay in turning, that he had made up his mind never, if possible, to attend such cases again. Of course he would not withhold all the assistance he could give, even at the eleventh hour, but he thought them most undesirable cases to be called to.

Dr. WILLIAMS even doubted, from the paper that had been read, whether this was an arm or a leg presentation. The London Medical Society had ever been regarded as a Society constituted of practical members, and he hoped it would not go forth to the public, that the Society had ever entertained the question, whether the practitioner ought or ought not to proceed to turn (instantly when an arm and shoulder presented).

Dr. RYAN thought it also highly necessary, the public should not be told that the opinion of this Society was, that all cases were hopeless where the arm had presented for four-and-twenty hours, without delivery being accomplished. Two instances he had known in which the children were born after this period, by recourse being had to eversion. In the one case, the mother recovered perfectly, but in the other, the uterus was ruptured.

Mr. SHERMAN considered himself quite competent, after the experience he had had, to be able to say whether a presentation was that of the arm or the leg; he had brought

this case forward just as it had occurred. If the same case were to happen to him again, under the same circumstances, he should adopt the same course. He by no means recommended waiting for spontaneous evolution in all cases; every case must very much depend upon the circumstances attending it. He regretted the absence of Messrs. Waller and Ashwell, because he believed they would have supported the propriety of the practice that had been adopted. If he understood those gentlemen rightly, in conversations he had had with them, as well as with another practitioner, at Hammermith, upon the case, as detailed in the paper by Mr. Waterworth, he was authorised in saying, that they concurred in the line of conduct that had proved so successful.

The REGISTRAR read a communication from Mr. Beard, a Corresponding Member, at Newcastle, upon a case of nodes on the head of the tibia, which he had treated successfully, by laying bare the bone by a free incision through the periosteum.

Dr. RYAN believed, the practice of curing pericarditis by free incisions to be by no means new. Dr. Crampton, of Dublin, had recommended the practice sixteen years ago. He believed Mr. Cooper had also alluded to it in his Dictionary.

Another Member observed, that he would by no means have resorted to this treatment until, at any rate, the patient had been salivated. It did not appear, from the communication, whether they were syphilitic nodes.

The case excited no interest nor any discussion, and the meeting broke up.

## HOPITAL DE LA PITIE.

SPONTANEOUS TETANUS—EIGHT HUNDRED AND THIRTY LEPHES IN THREE WEEKS!

A young man, twenty-five years of age, of a robust constitution, was, on the 7th of March, admitted under the care of M. Lisfranc. He stated that the preceding evening he had felt violent pain and rigidity in the dorsal and abdominal muscles, and that these symptoms had, within a short time, increased to such a degree, as to render him unable to undress himself without assistance. At the time of his admission, the pulse was strong and accelerated.\* According to M.

\* No other symptom is mentioned in the report of the *Gaz. de Santé*, from which the case is extracted. This is not the first time that we have been disgusted at the super-

Listranc's order, he was bled to a pint; sixty-five leeches were applied along the spine, and twenty-five to the abdomen; two clysters, with twelve drops of laudanum in each, were injected, and two ounces of syr. Papav. given internally. This was followed by no amelioration; the pulse was, for a short time, diminished in force, but soon regained it; the patient was, during the whole night, in a convulsive trembling. On the following day, the muscles of the extremities partook of the tetanic affection. He was again bled to twelve ounces, had fifty-five leeches applied along the back, and an injection with forty-five drops of laudanum. On the 9th, no improvement having taken place, he was bled a third time, and had again fifty-five leeches applied along the back, and an injection containing eighty drops of laudanum. No alteration in the pulse having taken place, and the trismus and tetanus being on the increase, he was, on the 10th, bled to twelve ounces, had forty-five leeches applied along the back, and an injection with 150 drops of laudanum. On the 11th, a slight improvement was observed; the muscles of the neck and abdomen were not so violently contracted. *Rep. venas. injic. enema c. tr. opii gutt. 180. et appl. hirud. 40* longè dorsum. On the 12th, the amelioration continued. *Rep. venas, et hirud. et injic. enema c. opii gutt. 210.* On the 13th, 14th, and 15th, the symptoms progressively diminished; the bleeding and injection were daily repeated, as was also the application of forty leeches. On the 16th, 17th, 18th, and 19th, he continued better, and was daily bled, leeched, (*twenty-five leeches a day*), and clystered. The trismus had almost disappeared; the abdomen was still rigid and painful. From the 20th to the 24th, 285 leeches were applied along the spine, and he was once bled to nine ounces. On the 4th of April he was so much better, as to be considered out of danger.—*Gazette de Santé.*

# ST. BARTHOLOMEW'S HOSPITAL.

## EXTENSIVE INFLAMMATION OF THE SYNOVIAL MEMBRANE OF THE KNEE JOINT—ABSCESS IN THE HAM.

RICHARD PARNES, *ætat* 14, a native of Ireland, with dark hair, dark eyes; lips and cheeks of a purplish hue; rather slender, was admitted, April 23, into Rahere's back Ward, under the care of Mr. Lawrence,

in a special and inaccurate manner in which medical cases are often described by the French journalists.

complaining of violent pain in his right knee, which was considerably enlarged.

24. States, that about three weeks ago, he arrived in this country from Ireland; that he was very sick during the whole of the passage, and having been nearly all the time on his right side, believes he must have in this way hurt the knee. Before he left Ireland he had sustained no injury, nor ever felt pain in the knee. He is rather a shrewd boy, though it is difficult in all respects to get a distinct statement of his history from him. The limb is placed at an angle of about 45 degrees. He cannot move it, or suffer it to be moved, without being subject to the most excruciating pain. He can scarcely permit the most gentle examination to be made of it. On the sides of the joint there are great enlargement and puffiness, extending also for about two inches above, and an inch and a half below the patella. No intumescence whatever immediately over the patella. There is the most distinct fluctuation to the touch. The fluid is close to the skin, and also passes freely, from side to side, under the tendon of the rectus femoris. No discoloration of the external covering; no particular pointing of the intumescence at one part more than another. The question is, whether it is an enlargement of the synovial membrane of the joint, or an abscess external to the joint? Mr. Lawrence, after having most minutely examined it in every possible way for the course of twenty minutes, and put all the questions to the patient likely to throw light upon the case his ingenuity could suggest, cannot satisfactorily decide, whether it is an effusion within the capsule, or an accumulation of pus external to the joint. He is inclined to believe it is external to the joint, but wishes to have Mr. Earle's opinion upon the nature of it, before he adopts any proceeding. Mr. Earle, accordingly, made a careful examination of the parts; he considers the point a nice one, and the question by no means easy of solution. He is led to concur with Mr. Lawrence in thinking, that it is an abscess external to the joint, and, therefore, may be safely punctured. Mr. Earle's examination was made in the absence of Mr. Lawrence, and when the latter gentleman had finished his visits through the different wards, he returned to the patient, when Mr. Earle's opinion was communicated to him. After carefully examining the knee again, Mr. Lawrence introduced his lancet (or rather double-edged scalpel, which he prefers to any other instrument in opening almost all tumours) on the inside of the knee, a little above the patella, in a line with its edge, which was immediately followed by the escape of about three ounces of synovia. This terminated all doubts on the subject.

The puncture to be closed by adhesive strips, and 12 leeches to be applied around the knee; afterwards a broad-and-water poultice. Take three grains of calomel, eight grains of jalap, and then the saline mixture, with vin. ant. *fort.* ten minims, every fourth or sixth hour.

27. The healing of the puncture, which took place by the first intention, is going on rapidly; the swelling has decreased to a small extent, and Mr. Lawrence thinks this shows that there is not that danger attending puncturing the synovial membrane, and permitting the escape of synovia, which is sometimes supposed to exist. There is still great pain in the knee; the pulse is quick, and the countenance anxious. Continue the medicine, and apply eight leeches to the knee, afterwards the poultice.

May 1. The puncture seems almost healed, and the size of the knee has greatly decreased; still, however, he cannot move it, and the acute pain, greatly aggravated by the least motion, continues. Complains likewise of much pain in the chest, and has had short and severe attacks of pleuritis. Tongue white, pulse extremely accelerated. Take eight ounces of blood from the arm.

2. Rather better to-day. Pulse upwards of 100, but by no means so quick as yesterday; a slight cough has come on, which gives much uneasiness. Slept more last night. Ordered a common linctus.

4. Has had rigours; looks ill; complains of the most violent suffering from the knee; cannot bear the bed-clothes to touch it. The original enlargement has entirely disappeared, but there is now another distension of the integuments, though more posteriorly, extending further up the thigh, and not so much around the knee; it seems principally to occupy the internal and upper part of the popliteal space; a fluctuation on either side of the femur. Puncturing it a little above the external condyle, there escaped about ten ounces of pus, not of the thick nature of matter from acute inflammation, nor of the thin, serous, watery nature of pus from chronic inflammation, but of a sort of consistency between the two, and of a yellowish green tint, emitting no particular odor; this has given relief. Apply a linseed poultice. Pulse quick and feeble.

6. Yesterday the pulse became much accelerated, and was intermittent; severe pain attacked the chest and superior region of the abdomen. To-day the pulse is exceedingly quick, very weak, and fluttering, indicating, very decidedly, the approach of dissolution. Notwithstanding the fluttering pulse in the radial artery, the action of the heart, both to the touch and to the eye, (very distinctly observed between the ribs,) against the intercostal muscles, seems per-

fectedly regular, though very rapid and strong. Has extreme pain in the chest, particularly on the right side and under the sternum; likewise pain in the epigastrium. The least exertion brings on coughing, which gives great distress; has not strength to cough forcibly; no expectoration; breathing short and quick; feels very weak and exhausted; has scarcely power to articulate, but is perfectly sensible. Mr. Lawrence, considering it to be of little importance what the future prescription should be, has directed him to have—

*Sulphate of quinine*, gr. *ss.*

*Dilute sulphuric acid*, ℥ss. xv.

*Syr. aurant.* ʒi.

*Infusion of roses*, ʒi.

to be taken three times a day. In the course of the afternoon the stethoscope was applied to the chest. On the right side, no passage of air could be heard through the air cells; and on the left, a peculiar indescribable vibration and sound of the heart. Died at 12, P.M.

#### Post-mortem Examination.

This took place fifteen hours after death. The knee was the first part to which attention was directed. The puncture made into the synovial bag had healed; the capsule of the joint had been evidently enormously distended; no fluid within the capsule; the internal lining of the joint injected, and vascular in the highest degree; absorption of the cartilage of the external condyle, where it rests against the head of the tibia, just commencing; also at its outer edge, by which it had become loosened and in part separated from the bone, which was also, in this part, fast approaching to a state of disease; the sac of the abscess in a sloughing state, principally situated on the outer side of the thigh, and extending for about six inches upwards from the condyles; three inches of the lower part of the bone, by the process of suppuration, denuded of its periosteum, the abscess had not communicated with the joint; a small abscess on the outer side of the knee, not communicating either with the one which had been opened, or with the capsule of the joint.

*The Chest.*—The left side presents symptoms of acute pleuritis; the pleura pulmonary and costalis, firmly adherent, highly injected, and a part and a half of extravasated lymph on this side; the pericardium immensely distended, and containing at least three pints of matter, in consistency and appearance much resembling that which escaped from the ham; the pericardium itself presenting a beautiful specimen both of suppurative and adhesive inflammation going on at the same time; the lymph thrown out has become adherent to the true pericardium (which, by careful dissection, can be

peeled off) for about two lines in thickness; the lungs not at all inflamed.

*The Abdomen.*—The liver large, and when cut into found gorged with blood, and exhibiting a dark granulated appearance; spleen rather larger than usual; the kidneys, especially the right kidney, larger than ordinary, very vascular throughout, but not much, if at all, altered in structure, though hard when pressed between the finger and thumb; the bladder of immense size, but empty; the rest of the contents of the abdomen healthy.

The veins throughout the body much enlarged.

## ST. THOMAS'S HOSPITAL.

### CONTUSED WOUND OF THE FOOT.

**JAMES BARNES**, male, 29, a man of unhealthy appearance, was admitted into Luke's Ward, No. 17, on the 28th April, under the care of Mr. Green, with a contused wound of the right foot, extending from the outer malleolus under the heel to near the inner malleolus, occasioned by the falling of a coach on his foot, at Shore-ditch, the preceding evening. The edges of the wound have a ragged and sloughy appearance; there is no fracture, and the injury to the tendons appears to be slight. The patient states, that he has had an affection of the lungs, with cough, &c., for four or five years past, but for the last three months the cough has been much increased, and expectoration occasionally streaked with blood. Complaints of giddiness on stooping or turning quickly; his legs are oedematous; but notwithstanding these symptoms he has never had any medical advice.

A poultice was ordered to be applied to the wound (from which there has not been much hemorrhage) and the leg to be supported on pillows in such a manner that the heel might be untouched.

**29.** Was very restless until 11 at night, when thirty minims of tincture of opium were administered, after which he slept soundly. Has very little pain in the foot; cough troublesome, and says he expectorates with difficulty; bowels constipated; tongue whitish; pulse 98, soft. Mr. Green prescribed twelve grains of the scammony and calomel powder. Twelve leeches to be applied to the foot, and afterwards the spirit wash.

**30.** Could procure no sleep until two o'clock, when half a drachm of tincture of opium was given. Bowels moved three times; no pain; cough less; tongue whitish; pulse 96, soft.

**May 1.** Has passed a very restless night; pain in the foot severe, and there is in-

creased heat and redness of the part; cough troublesome; expectoration of good deal of mucus; shivers at night, and cannot bear pressure over the region of the liver; has had no motion since yesterday, but has taken a dose of house medicine; tongue white; pulse 100, sharp and rather hard; no sufficiency of the neck or difficulty of deglutition. The dresser ordered ten leeches to the foot; but only five could be procured, which were applied.

**2.** Very restless night; complains of great pain in the foot, which is much swollen and hot, and the redness extending up the leg; the outer part of the wound looks healthy, but discharges a thin fluid; the lower part has a sloughy appearance; cough not so bad; bowels open three times; tongue white; pulse 102, rather sharp, but compressible.

**3.** Has procured but little sleep; took half an ounce of castor oil this morning, which produced four green and offensive stools; the burning pain in foot not so severe as yesterday; much less pain on pressure over the region of the liver; feels sick and faint; tongue more clean; pulse 96, fuller. The dresser ordered some medicine, which we believe to have been sulphate of quinine, but which was vomited almost immediately.

**5.** Has passed the two last nights comfortably; no cough nor expectoration; no pain in the foot, or over the region of liver; tongue clean; pulse 94, soft.

*Castor oil*, half an ounce;

*Sulph. of quinine*, one grain twice a-day; Chloride of lime wash to be applied on lint under the poultice; a pint of porter daily.

**7.** Appetite not good; tongue whitish; bowels open. Wound discharges, and some sloughs have come away in the poultice; pain slight; no cough; pulse 90, soft and compressible.

**10.** Much better; tongue whitish; pulse natural. Had griping pains in the bowels yesterday, but none to-day.

**11.** *Sulph. quinine*, six grains twice a-day.

**12.** Going on well; wound appears healthy, discharging fluid pus. Bowels open; pulse natural.

**May 15.** Continues to improve; bowels open; wound discharges freely.

**17.** Has not any pain; sleeps well; pulse soft.

**19.** The wound is granulating fast; tongue clean; appetite good; pulse natural. Is perfectly free from pain, and in every respect much better than on his admission to the hospital.

**22nd**, *ant.* **23.** was brought into the hospital on Saturday, May 2, at about one o'clock in the day, labouring under the effects

of a large dose of opium, which he had taken four hours previously. It appears that he had gone at about nine in the morning to a druggist, and, under some apothecary's pretence, had obtained two ounces of laudanum, the whole of which he took. When admitted, he seemed to be fully under the influence of the poison; the pulse slow, pupils contracted, countenance pale; appeared sensible when roused; could not walk without assistance, his legs giving way under him at every step. The stomach-pump was immediately applied, and the contents of the stomach drawn off, warm water having been repeatedly injected, after which, an ounce of lemon juice was administered every half hour, and the patient kept walking about between two other men until after ten in the evening, when he appeared somewhat revived, and was put to bed.

10. Complaints only of headache; eyelids drooping; pulse natural.

12. Appears perfectly well, and seems desirous of leaving the Hospital.

#### GUY'S HOSPITAL.

On Tuesday, May 12th, Mr. Morgan removed part of the right hand of an elderly-looking man, for a scrupulous affection of the metacarpal joints of the second and third fingers. An incision having been made between the metacarpal bones of the third and fourth fingers, and between those of the thumb and second finger the bones were sawn through a short distance above their carpal articulations. Two arteries were then secured, and the lips of the wound brought into apposition by four sutures, after which the wound was dressed with lint and strips of adhesive plaster. The operation was well and quickly performed.

**Dr. Young**—This distinguished physician died the week before last at his house in Regent's Park. He had, for some time, been labouring under an affection of the chest, in which, at times the lungs, and at others the heart, only appeared to be implicated. Dr. Young, while eminent in his profession, was, at the same time, one of the first philosophers in Europe. His reading and researches in natural philosophy were extraordinarily great; the second volume of his works on that subject, displays the extent of his inquiries and acquaintance with the work of other men. Dr. Young's name had, of late, been very frequently before the public, through a long controversy between himself and the first astronomers in this country, which was carried with a degree of acrimony not very befitting philosophers.

#### IRISH APOTHECARIES' ACT.

In No. 294 of *THE LANCET*, we promised to insert a report of the proceedings in Parliament, on the subject of a Petition from some Scotch Druggists and others, relative to the operation of the Irish Apothecaries' Act. We have delayed doing so, in the expectation that some legislative measure, or at least a discussion, would have taken place on the subject of the alleged grievances. The matter, however, appears to be at rest; but as some of the abuses resulting from the English Apothecaries' Act, have recently been placed before the profession in rather prominent characters in the pages of this Journal, we deem the present a favourable opportunity for laying before our readers a report of the brief discussion which took place in the House of Commons on the 6th of April, relative to the alleged oppression and injustice resulting from the Irish Apothecaries' Act. On a future occasion, we shall enter upon this subject at length, and shall wait with some anxiety, to see what steps will be taken by the Legislature.

#### HOUSE OF COMMONS.

*Monday, April 6th, 1839.*

Mr. BROWNLOW presented a Petition from the Practising Physicians, Surgeons, and Apothecaries of the County of Armagh, complaining of the grievances they underwent from the operation of the Apothecaries' Act, and praying for such remedy as would relieve them from the unjust persecution to which they were subject. The Honourable Gentleman called the attention of his Noble Friend, the Secretary for Ireland, to this Petition, which came from a highly-respectable body of men in the North of Ireland, who had been educated in the Universities of Glasgow, Edinburgh, and Dublin, and some in the English Universities; but who, after many years of uninterrupted practice, for which they were qualified by diplomas, were now disturbed in their professional pursuits by the Apothecaries' Company of Dublin, who, by virtue of an Act of Parliament, passed in 1791, insisted on enforcing a penalty of 20*l.* from every practising Apothecary who had not undergone an examination before them, and taken out a licence to practice. Some of the Petitioners had been in the

practice of their profession for seven years, and others for different periods; and they now found themselves subjected to penalties, or interdicted from practice, by being regarded as Apothecaries under this Bill. This they considered a great hardship, and as they had diplomas from the Universities, they considered it a degradation to submit to the examination of a body, consisting only of the sellers and compounders of drugs. They asked the House, therefore, to ensure them the benefit of their diplomas, and to relieve them from the grievance of being taxed for a licence every year, merely for the profit of the Apothecaries' Company. He trusted his Noble Friend would attend to this important subject; not less for the sake of the people who benefited by the medical services of the Petitioners, than for the sake of the Petitioners themselves, who, rather than submit to be examined and licensed by the Apothecaries' Company, would retire altogether from the profession.

Mr. GEORGE DAWSON presented two Petitions to a similar effect from the Practising Physicians, Surgeons, and Apothecaries of the Counties of Londonderry and Tyrone. He also called the attention of the House to the very peculiar hardship to which the Petitioners were subjected by the exercise of the power conferred on the Apothecaries' Company by the Act of 1791. If that power was confined to the prevention of ignorant and unskilful persons engaging in the selling and compounding of drugs, he would not object to it; but it really operated against persons of talent and education, who must be driven by it out of their medical practice. In the Act there was a clause inflicting a penalty of 20*l.* on every person exercising the profession of an apothecary, for taking an apprentice, unless he had taken out a certificate from Apothecaries' Hall. The consequence of this Act was, that though passed to protect the health of his Majesty's subjects, it really operated to their injury; for it appeared by the Petition, and by letters he had received from Ireland, that actions had been generally commenced against these gentlemen for the recovery of the penalties. In the north of Ireland there were about 250 of them altogether, and if they were every year mulcted in a fine of 20*l.* each, it would put a sum of 5,000*l.* into the pockets of the Apothecaries' Company every year. He trusted that his Noble Friend, the Secretary of Ireland, would give relief to those Petitioners, who were, in every respect, entitled to it.

The SECRETARY for IRELAND said, that having been personally appealed to on this subject, he would say, that on a similar Petition from the County of Down, he had directed inquiries to be instituted as to the complaints of the Petitioners; but he could give

no opinion at present without unduly prejudging the case, as he had not received the representations the Company of Apothecaries might make in answer to these complaints. He could assure his Honourable Friend, that he should be quite ready to remove any vexatious or oppressive penalties, if he found that any such were exacted by the Dublin Company of Apothecaries.

## TO CORRESPONDENTS.

Communications have been received from Mr. Wilmington—Mr. Herbert—Dr. Wilcox—Mr. C. Clark—Dr. Wm. Hewison—J. S. C.—Mr. E. Moore—Mr. J. Baker—Mr. Jenner—Mr. G. H. Evans—Mr. Edward Daniell—Mr. T. Evans—Medicus, Leamington Spa.

Several Correspondents will hear from us privately.

We will endeavour to comply with the request of Mr. W. C. Pyne. Labels for any of the back Volumes of THE LANCET, may be obtained at our Office, through the medium of the Booksellers and Newsmen.

We will not trouble "Medicus" of N.P. to forward the Lecture, as we fear that the subject is not exactly suited to our pages.

The Communications of Messrs. E. Moore—J. Baker—T. Evans—C. Clark—J. G. Evans—J. G.—J. S. C.—and Justina, next week.

Saint George Hewett, the Cambridge Professor, and Saint Julius, of Richmond, are likely to meet with a powerful competitor for "obstetric fame," in the person of a D.D. who resides at Leamington Spa.

"A COUNTRY APOTHECARY." We very much regret that the OLD HAGS have still the power to recover the "four guineas."

## BOOKS RECEIVED FOR REVIEW.

An Essay on the Deaf and Dumb, showing the necessity of Medical Treatment in early Infancy, with Observations on Congenital Deafness. By JOHN HARRISON CUTTS, Surgeon Aurist to the King. London, Longman, 1839; pp. 211.

Treatises on the Bath, containing a Description of a New Vapour Bath. London, Simpkin and Marshall. pp. 142.

# THE LANCET.

Vol. II.]

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[1858-9.

## OBSERVATIONS ON CHOREA.

By EDWARD HARRISON, M.D.,  
F.R.A.S., Es.

I HAVE lately published four cases of chorea in your useful and widely circulating periodical. Each of them was ushered into notice, with a few supplementary remarks. These were intended to prepare the way for what I have to communicate on the subject of spasmodic diseases, and more especially to establish the paramount influence of the spinal nerves over all the functions and operations of living beings.

It will, I conceive, be unnecessary, after detailing the cases, and calling the reader's attention to the new lights which have lately illumined the medical horizon in this department, to employ many words to convince the faculty, *that this order of nerves has been too much overlooked in our physiological researches.* So far from being reduced to discharge the inferior and subordinate offices usually assigned to them, we may with truth aver, that the most important and complicated are under their immediate control and management. The extensive range, or rather ubiquity of the spinal nerves, is well known to anatomists. Even the hardest bones offer no insuperable resistance, because we can not only trace them into that structure, but perceive, that whenever they are hurt, pain, tenderness, and inflammation ensue, from which it is manifest that nerves are spread through them. But if nerves are found in the most solid and compact substances, their presence is easily detected in soft and vascular parts. Since, then, all our functions, whether we be in the enjoyment of sound health, or afflicted with illness, are dependent upon the nervous system, it is, in fact, the great regulator of life. While it remains in good order, the corporeal functions are duly exercised. When it languishes, the body suffers; and when it fails, death ensues. We must, therefore, look to the nervous power alone for the seat of disease, and for the cooperation of all remedies. Whatever may be the exciting cause, or however various the

symptoms, are both traceable to this all-powerful organ. After the morbid actions have subsisted long enough to produce structural changes, the complaint assumes a new character, and requires different treatment. The former state is exclusively medical, and the latter an entirely surgical. This is the only proper subdivision of the medical profession, and in a science too extensive for the grasp of any human mind, it would conduce to the interests of the sick, and advantage of medical knowledge, to preserve the distinction inviolable. With these introductory remarks, I return to the further consideration of chorea.

The pathology of this distressing complaint is encompassed with extraordinary difficulties, because all our inquiries into the physical properties of living matter, are of necessity limited in their scope. While the actions are obvious to the senses, the moving power is unseen and often inscrutable. The finest instruments, and most powerful lenses, are insufficient auxiliaries. Hence our researches are necessarily imperfect and discordant. Still, although we may be unable to remove the veil, and unfold the mysteries of animated nature, we can make approaches, and establish some fundamental truths for our guidance and direction.

There is an established principle of the nervous system, which will help us to lessen the obscurity of chorea, and to account for the remote separation between the seat of primary irritation, and the muscular spasms, which constitute, perhaps, its most embarrassing feature. This principle actuates the whole series of organs engaged in a common function, and is, more especially, observed at its extreme points. In whatever part of the chain the morbid action commences, the chief suffering is in the extremities. I have several times noticed this law of the animal economy, when treating of the symptoms in particular cases.

We see a foundation laid in the anatomical structure of the nervous fabric, for an intimate communication between the most remote parts, though we may not be able to trace the particular course by which the impulse is conveyed, or to disentangle it from

others with which it is inseparably connected. I have already drawn largely upon this principle, and shall take occasion to refer to it again and again, in prosecuting the subject of apical deformity.

*History of Chorea.*—Chorea seldom indiscriminately upon the youth of both sexes, usually between the tenth and fourteenth year, and harasses them with convulsive motions; they are partly voluntary, and are generally confined to one side of the body, displaying themselves in ridiculous gesticulations of the arms and hands, as well as in the patient, rather dragging than lifting up one of his feet in walking. The mental faculties are occasionally affected in a slight degree.

*Diagnosis.*—The muscular exhibitions in chorea are conspicuous and apparent at the first glance. The absence of fever, of coma, or delirium, and of muscular debility, will always show the real character of the malady, and prevent our confounding it with primary affections of the brain. We must carefully distinguish it from the convulsive agitations of the head in old people, from the tremors which follow certain complaints of the brain, and such as proceed from excess in venery. Nor must it be mistaken for the tremulous motions of dram-drinkers, or workers in lead, and mercury.

The circumstances most favourable to the display of chorea, are infancy, the female sex, a delicate and irritable frame, also an hereditary or acquired predisposition to spasmodic emotions.

The occasional causes are, 1st. Such as act upon the sensorium commune. Of these a sudden fright is one of the most common. Quits of passion will frequently induce it; as do great disappointments, jealousy, &c. Impressions thus made upon the brain, having been conveyed along the medulla oblongata to the spinal chord, rouse certain nervous trunks, and throw their particular muscles, into those extraordinary gesticulations, which are characteristic of chorea.

2dly. Such as act upon the minute nervous expansions. Among these may be enumerated derangements in the stomach and bowels, excess in venereal enjoyments, the odious vice of masturbation. Intestinal worms likewise occasion it, and, according to some, the irritation of teething. Chorea is also the sequel of many disorders, particularly epilepsy and hysteria. In addition to the causes already mentioned, we ought, I think, to include a new stimulus formed in the generative organs. At a certain age, varying considerably in different individuals and countries, a striking alteration commences in both sexes, which employs several years to complete its entire maturation. This change is distinguished by obvious bodily signs, as well as in the disposition of

the mind. With boys, the tone and modulation of the voice undergo an extraordinary change. A down covers the chin, which becomes at length a thick and bristly beard. The personal form is more robust. In girls the mammae enlarge, and the menses burst forth. In both sexes, the pudenda are clothed with hair; the propensities are no longer the same; the amusements of the child cease to please the youth; other employments and pursuits are substituted for them. The full development of the genital organs usually occupies a series of years. The testes in men, and ovaria in females, gradually increase, and, at a certain period of expansion, become capable of forming a peculiar fluid. This secretion, so necessary to the continuation of the species, produces very important effects upon the individuals who furnish it. Several complaints disappear under its influence, and others are substituted. In delicate habits, nervous diseases often commence at this period, being roused into action by the irritation of a new exhalant. After the constitution is fully displayed, and the habit has been sometime accustomed to the impulse, its nerves are rendered less sensitive, and the diseases so produced gradually disappear. Of these, chorea is one of the most common and remarkable. It is evident, from many circumstances, that the evolution of the genitals, and formation of an unusual irritation, operate powerfully upon the nervous fibrils. The impressions made upon the nervous fibrils, from this and other causes, being carried to the spinal chord, and from it, along other nervous branches, to particular muscles, they are forced to display those spasmodic actions which we denominate chorea.

3dly. Besides impressions directed to the brain, and nervous expansions, it would seem, that another set of exciting causes, acting directly upon the spinal chord, or its nervous trunks in the lumbar region, occasionally produces chorea. The first and third cases are examples of this disease in its perfect form. In both, the chorea manifested its dependence upon the spinal column. However long the first patient reposed upon a flat surface, she continued well, but after she had remained upright only a few hours, the chorea returned with unabated severity. The anxious mother was so fully convinced of its connexion with the back, that she expected to remove the predisposition by lengthened recumbency. After she had made the trial, and been disappointed in her expectations, she had recourse to my assistance. As a proof of the correctness of her opinion, the vertebrae were no longer replaced than the chorea entirely disappeared, and has never returned. In the other instance, its relation to the spinal chord was equally striking; the chorea

had tormented the delicate sufferer for such a short period before suppuration was established, that we must, I think, impute its origin to the inflammatory action of some vessel within the lumbar sheath, or sacrum. The phlogistic diathesis irritating the spinal chord, produced all the distressing symptoms under which she laboured, till the pus burst through one of the sacral holes: she was then speedily and effectually relieved from all her severe afflictions. That the chorea really proceeded from confined pus, does not, I think, admit of any doubt, because the enclosed fluid was scarcely evacuated, before the disease left her, and convalescence became apparent. The suddenness of the transition, leads to a conviction of the cause, and justifies the opinion I have embraced. Could no further evidence be adduced in favour of the above doctrine, I think these two cases fully warrant the conclusion, that irritations applied directly to the spinal chord and nervous trunk in the foramina vertebrae will, like caustics operating upon the brain and minute nervous fibrils, sometimes produce genuine chorea.

*Proximate Cause.*—Whatever may be the primary or exciting cause of chorea, the altered function, the morbid lesion, or proximate cause, is always fixed in the spinal chord, or organ of motion. In this substance, all the remote causes meet, and from it the symptoms proceed.

A careful observance of the laws of the living frame is not only necessary in chorea, but is far superior to the most finished dissections, valuable as they undoubtedly are in many respects. They show us, among other things, how variously we are affected, and how much we are capable of enduring. Further we cannot advance, because, in every attempt to trace a regular connexion between symptoms and appearances after death, many links remain concealed, which our limited faculties are unable to discern. For example, dissection has hitherto reflected no light upon the essence of fever, though it constitutes the chief part of so many diseases, and has occupied the attention of physicians from the most remote periods to the present time. Nor has it led us to a better acquaintance with the nature of eruptive complaints, of contagions, or of the innumerable ailments to which human beings are exposed. It has only taught us to dis-

tinguish with more certainty the seat of diseases, as well as to understand the changes committed upon the frame, and the alterations of structure produced by particular complaints. This is the chief of what we have learned by dissections, and the knowledge thus acquired is of such limited use, that no curative indications can be safely drawn from them alone; nor can we, wholly ignorant as we are of the composition of the nervous energy in a state of health, presume to point out the alterations which it undergoes, or the functional changes which take place during the choroid manifestations.

Inasmuch, then, as we can neither discover the proximate cause of any complaint, by the most attentive dissection, nor penetrate into the laboratory of the nerves, or bring the fabricated material under review, we must be content to study the laws of animated nature, and regulate its aberrations by reiterated experience and attentive observation.

*The indications of cure* are, 1st. To subdue the phlogistic diathesis, if it be present. We learn from the third case, that inflammatory action is sometimes the exciting cause. When it occurs, it must be combated with the general and local remedies usually employed for that purpose.

2dly. To remove particular irritations. In order to give full effect to this indication, we should endeavour to discover the exciting cause, and the exact spot where it is situated, and upon which it chiefly operates. Having gained this double information, we must proceed accordingly. Mental causes are to be overcome by suitable treatment and corporeal irritants, require their appropriate remedies. The various means best calculated to effect these different purposes will occur to practitioners, as the examples present themselves.

3dly. To obviate particular symptoms. Besides the medicines above recommended, the state of the intestinal canal should be carefully regulated through the whole disease. All lodgements must be prevented, and excrementitious matters removed as they are formed. This precaution is more especially necessary when the disorder is situated in the bowels, the generative members, or other contiguous organs. I have, on many occasions, found the happiest effects to arise from the soothing influence of the warm bath, after other expedients had failed. It is to be repeated every second or third day, for a few minutes at a time, and of the temperature most agreeable to the patient.

In delicate or relaxed constitutions, I have known the bark and cold bath produce the least consequences, these, with change of air and of temperature, often effect a cure,

\* In reply to my inquiries, I received the following answer: "I cannot venture, at the distance of twelve years, to fix positively upon the exact spot out of which the pus was discharged. According to the best of my recollection, it came through the sacrum from one of its foramina, situated on the right side."

when other remedies have been tried and proved inefficacious.

Having, for the present, concluded my observations on chorea and puerperal convulsions, I think I am warranted in maintaining, that the spinal chord and nerves possess a greater range of inherent faculties than has hitherto been assigned to them. Whoever will give himself the trouble to examine into the truth of my several cases published in your Journal, (and especially in my "Essay on Spinal Diseases,") must, as it appears to me, arrive at the same conclusion. It is quite apparent, from anatomy and multiplied experience, that the voluntary muscles are entirely, and all other parts of the body in a great measure, under the direction and management of the spinal apparatus. But if we are once led to admit that the seat of chorea and of puerperal convulsions is in this organ, we may find, on pursuing the inquiry, that other convulsive disorders referred to the brain, are really affections of the spinal column.

G

## FOREIGN DEPARTMENT.

### ATROPHY OF THE RIGHT HEMISPHERE OF THE BRAIN.

PIERRE V., *met.* 29, and of middle stature, who had been for seven years in the Hôpital de Bicêtre, on account of incomplete hemiplegia of the left side, which was either congenital, or had come on during his infancy, a point which could not be ascertained, died there in Feb. 1828, of pulmonary phthisis. There was nothing unusual in the course of the disease, and the intellectual faculties were uninjured till within a few minutes of his dissolution. On examination of the body, (which was much emaciated, so that the left leg and arm, which had been atrophic, were of the same size as the right,) the lungs were found full of tubercles and vomicae, and there was hypertrophy of the right side of the heart, and enlargement of the liver. The bones of the skull had their usual thickness and conformation; on opening the dura mater, a very large quantity of serum escaped, and, on further examination, was found to have occupied the situation of the right hemisphere, all that existed of which was a very thin layer of greyish pulpy tissue, totally unlike the natural structure of the brain; the corpus striatum, thalamus opticus, corpora quadrigemina, optic and olfactory nerves, and corpora olivaria and pyramidalia of the right side, were all much smaller than on the left, the two first so hard, as to offer some resistance to the scalpel, and

much altered in structure; the other side of the cerebrum, and the whole of the cerebellum, were healthy. The spinal chord was not examined. The fact of the cerebrum being equally developed on both sides, renders it probable that the disease was not congenital; and it is very remarkable, that notwithstanding the condition of the brain above described, the patient was able to see with both eyes, and had some degree of muscular power on the paralysed side.—*Journ. de Physiologie.*

### TREATMENT OF LATERAL CURVATURE OF THE SPINE.

A French writer, Dr. Vernière, in a short treatise lately published on this subject, strongly reprehends the orthopedic plan, at present so much in vogue in France and Germany, which consists in keeping the patient lying on an inclined plane, and making permanent extension of the spine: this method, he says, even in those few cases where an apparent cure is produced, causes such a relaxation of the ligaments, and weakening of the muscles, that the curvature quickly returns, when the patient begins to stand and walk; he therefore proposes a new method of treatment, viz. that of making the patient remain, for the greater part of the day, upon the hands and knees, moving about as much as possible; he admits that this will, at first, appear absurd and ridiculous, but maintains, though his theory is as yet unsupported by experience, that the weight being completely taken off the spine, and the muscles of the back being exercised, both in locomotion, and in supporting the head, while the general health is not injured, as it must necessarily be, by a continued recumbent posture, that a permanent cure is more likely to be produced by this method than by any other that has hitherto been employed or proposed.

However absurd this method may appear at first sight, there is certainly some justice in Dr. Vernière's remarks, and the experiment is well worth trying, though we doubt whether it would be possible to induce any person, especially an adult, to remain in such a posture for the requisite period.

### TREATMENT OF RANULA BY SETON.

The above remedy has been lately employed in this troublesome affection by M. Langier, not with the object of exciting inflammation of the sides of the cyst, but of producing two permanent openings, which might give free passage to the saliva, and thus induce its contraction. The seton, a single <sup>line</sup> cord, a line in diameter, was introduced <sup>with</sup> little pain to the patient, and having been loosely tied under the tongue, was worn without causing the least incon-

vanished for nineteen days, at the end of which time, as it produced some degree of pain, particularly during mastication; probably from the collapse of the cyst, and the pressure of its sides against the silk, it was removed by the patient, who considered himself cured. Six weeks afterwards the fistulous opening was not in the least contracted, nor was there any return of the tumour.—*Journ. Hôpital.*

#### INJECTION OF WATER IN VESICAL CATARRH.

M. Civiale having observed that several patients affected with calculus, and with a gleety mucous discharge from the bladder, and on whom he performed the operation of lithotomy, were greatly relieved of the latter complaint some time before the calculus was completely removed, suspected that the improvement was produced by the injection of warm water, which necessarily preceded each operation ("séances"); and having employed it in a number of other cases where no calculus existed, succeeded in almost all of them in completely removing the discharge, and restoring the bladder to its natural tone. The urine was evacuated by the catheter previous to each injection, and the temperature of the injected fluid was gradually diminished, so that after a few days cold water was employed; at the same time the patient used the cold hip-bath occasionally, and took as much exercise as possible, attention being paid to the state of the bowels, &c. This treatment is, however, only applicable to the atonic catarrh of old persons, and not to that produced by inflammation of the mucous lining of the bladder, which is, indeed, generally speaking, much more easily managed.—*Ibid.*

#### EXTERNAL USE OF PHOSPHORUS.

M. Paillard has obtained very favourable results from the external application of phosphorus in all those cases which require a powerful irritation of the skin, which it seems to produce even in a higher degree than moxa. A small piece of phosphorus, of the size of a lentil-seed, being placed on the skin, is set fire to; the burning causes considerable pain, and is followed by much more intense inflammation than the application of the moxa. This method M. Paillard asserts to have been successful in several cases of asthenic ulcers, chronic bronchitis, rheumatism, and several other inveterate diseases of an asthenic character, in which the use of a great many other very powerful stimulants had been resorted to without any effect.—*Nouv. Bibl.*

#### HYDROPHOBIA.

Dr. Ménière has lately published a treatise on the above disease, which he has very frequently observed; we extract some of the most interesting data.

The post-mortem examination of persons who died of the disease in question, gives no satisfactory results as to its real nature; in most cases, the brain and spinal chord were injected, and the cerebellum inflamed and softened; in those cases, where morbid irritation of the genitals had been observed as one of the principal symptoms during life, the latter organ often exhibited no morbid alteration whatever. The heart was mostly softened, and much distended with blood; the aorta of a pink colour, and its internal coat injected; the lungs were full of blood, but not diseased, though sometimes emphysematous. In the throat, pharynx, oesophagus, and intestinal canal, traces of inflammation were almost constantly found. The cicatrix, from the bite, was mostly of a livid colour, and covered with a scab. Dr. Ménière never found it open at the time when the disease broke out. He never observed in the dead bodies the particular tendency towards putrefaction, which has, by many authors, been observed as very striking. In one instance, where, besides an appropriate general treatment, the wound immediately after its infliction was treated by the actual cautery, a fatal termination notwithstanding ensued. In most cases, the wound was very small; and, in some of them, it appeared impossible that any saliva should have been carried into it, the teeth of the animal having penetrated through several folds of the dress. In most instances, hydrophobia broke out within two or three weeks after the infliction of the bite; its intensity appeared to bear no relation to the extent of the interval. In females, it never attained to such a violence as in males.

In general, the recurrence of the disease is very rapid, and hardly ever lasts more than twenty-four hours after the first appearance of the characteristic signs. The precursory symptoms exist for a much longer time, and consist in great depression of spirits, restlessness, pain in the limbs and along the spine, headach, loss of appetite, renewed pain in the wound, and frightful dreams, in which, not infrequently, dogs are heard or seen. Most of the patients complain also of sore throat, and some difficulty of swallowing, without any visible sign of inflammation; in others, there is an excessive desire for sexual intercourse. The first attack of hydrophobia always takes place after some strong impression on the mind; Dr. Ménière observed it, in some instances, after sudden exposure to draught; in some cases only, the dread of water was found to increase the intensity of the fit; in others, fluids were belied and drunk without any difficulty or reluctance.

## EXAMINATION OF

## DR. MACARTNEY'S EVIDENCE,

*Before the Anatomical Committee of the House of Commons.*

Is the title of this paper should suggest the question, why, after more than twelve months' sepulture, we should exhumate the present subject from oblivion for dissection, we must reply by a truism, that it is never too late to correct error, and that its refutation is never more necessary than when masked in the apparel of argument, and recommended by the authority of an established name. To us the performance of this duty is the more conscientiously obligatory, and painfully difficult, having, on many former occasions, admitted the ascendancy of an intellect by which falsehood has been arrayed in all the attributes of truth, and acknowledged, with admiration, the presence of liberality in a mind in which this quality appears equivocal. Of the advantages with which these concessions have furnished their object, he is heartily welcome to the use; he may turn them against us if he will, but the subsequent pages will show, that he needs more assistance than he can derive from our seeming inconsistency and palpable mistakes.

The evidence which prompted these explanatory remarks, is characterised by opinions so ingenious in conception as they are mischievous in design. There is scarcely an economical principle, considered essential to the interests of science and of the profession, at the root of which these opinions do not strike, and which they would not eventually overturn were they carried into execution. What renders them still more offensively noxious is, their obvious origin in motives of unvarnished and unblushing selfishness. Out of a public question, their author manufactures a scheme of private profit, merging every consideration of general good in the one great and absorbing speculation of individual aggrandisement. Nor a single interrogatory is put to him which he does not, by ingenuity of response, render subservient to the advancement of his views. The data and deductions on which this egotistical theory of gain is founded, are singularly bold, and peculiar to Dr. Macartney. Scarcity of subjects, according to him, is produced by a superabundance of private teachers; multiplicity of private teachers by imperfect examinations; and inadequacy of examination by the absence of a regulation in the code of the corporate bodies requiring tests for tuition, distinct from those granted for practice. Hence, it follows from these positions, that, to make

subjects plenty, private teachers should be made scarce; to keep this surplus population of private teachers within the bounds of Malthus and numerical expediency, they should undergo a ten years' preparation, a more strict inquiry into their qualifications, and if found fit to communicate instruction, then receive a licence for that purpose from one of the "constituted authorities!"—These, however, are but the leading features of the plan; in its details, as might be expected, the cognate topics of the certificate-system, the merits and demerits of free competition in teaching, the comparative advantages of cheap and expensive education, the superiority of practical over verbal examinations, the evils and causes of inefficient practitioners; &c., are severally touched upon, and the following profound conclusions drawn from the discussion, viz., that certificates are a better test of knowledge than oral examinations; monopoly in tuition far superior to competition; an expensive education much preferable to a cheap one; practical examinations decidedly the best, but quite impossible in the present state of affairs; the inefficiency of the practitioner depends on the incompetency of his instructor; and, lastly, from this series is deducible the splendid corollary, that the reduction of this theory into practice would vastly increase the power and profits of collegiate and university professors in general, and of Dr. James Macartney in particular! Fortunately, the author of this strange inversion of axiomatic policies fell into the hands of an examiner who had a thorough knowledge of the subject, a clear insight into the bearing of the professor's doctrines, and an extraordinary talent for interrogation. The reader is requested to keep in mind the summary which we have here drawn of the Doctor's paradoxes in the following sheets, and to observe how his examiner plays him up and down the abyss of his absurdity, with all the delicacy of touch, and precision of management, by which an experienced angler leads his prey to the net, until he lands him quietly in the inextricable meshes of a dilemma.

The development of Doctor Macartney's principles commences with that part of his evidence in which he recapitulates the causes of the progressive scarcity of subjects in London and Dublin. Among these causes he enumerates, as a principal one, the increase of private teachers in these cities respectively. The examiner, seemingly startled by the singularity of the assertion, suspected that the Doctor had some private object in count with him, to the attainment of which he was wresting both fact and argument; he accordingly most appropriately asks him—"You have stated, that you thought the number of private schools in London

was too great; upon what do you ground that opinion, when it appears that there are more surgical students in London than it is able to supply with the means of education, since they resort to other countries for that purpose?" To which the Doctor answers—"They resort to other countries from necessity; I conceive that half the number of schools that now exist in London could give ample accommodation in their rooms, and afford sufficient education, if they had the means of readily obtaining dead bodies." It is scarcely necessary to observe, that this is no answer to the question proposed; the scarcity of subjects was the problem to be solved; the superabundance of schools was Dr. Macartney's first solution. On the repetition of the question, compounded with an argument against the Doctor's explanation of the difficulty, he now shifts his ground, and, instead of making good his former opinion, states, that the emigration of students depends on scarcity of subjects, and not on the number of the schools, as he should have done had he adhered to his first position. The scarcity of subjects is as little accounted for by this answer, as the required distance of one place to another would be deducible from the reply of an Irish peasant, who, if asked the distance to such a place, usually answers by inquiring what o'clock it may be, or how far have you come to-day! Probably Dr. Macartney meant to convey by this equivocation the impression, that competition for subjects among the schools absolutely made the subjects scarce; but this is an obvious *non-sequitur*, for it is not the number of the teachers, but the number of the pupils which makes the teachers numerous and the subjects scarce, by being divided among so many individuals. It is not the number of cooks by whom a given portion of meat is dressed which makes it scarce, but the number of mouths among which it is to be divided. A pound of beef, whether cooked by twenty individuals or by one, would be precisely the same to Dr. Macartney at dinner; but if it were to be distributed among half a dozen guests, the Doctor's stomach might, if his brain would not, immediately arrive at the conclusion, that the guests, not the cooks, had produced the famine. But suppose that, instead of a dozen private schools, there were but two corporate ones, what difference would it make, the pupils to be supplied remaining the same?—Why, nothing whatever, except the difference for which the Doctor was contending, namely, the transfer of all the student's fees into the exchequer of a few corporations. Of the difference at which the Doctor was driving, his examiner appears to have been pretty well aware, for he immediately interrupts him in his career by the following very

pertinent question:—"Does not some advantage arise out of the multiplicity of private schools, inasmuch as an opportunity is afforded to young men of talent to develop new views?" To which the Doctor is reluctantly compelled to reply thus:—"I should certainly admit that to be so, provided these new teachers were always qualified persons; at present there is no test; there are no means of ascertaining the qualifications of teachers. The College of Surgeons in London have instituted certain regulations, by which they require certain certificates, but they have instituted no regulation for ascertaining the qualifications of teachers who are to give those very certificates, nor have they made any provision against receiving false certificates, which are very frequently presented to them." No arguments can reconcile the Doctor to the private teachers, of whom he appears to have a perihodox an abhorrence as an Israelite of swine's flesh. Awhile ago their quantity, now their quality is in fault; obliged to admit their utility, he endeavours to neutralize the concession by the introduction of an exception. The objection, however, of incompetency, is founded on an assumption not borne out by facts; we at least know of no instance among private teachers to which the charge of inefficiency would justly apply, and until Dr. Macartney proves the contrary, we must be excused for entertaining this view of the question. He has here informed us of the test to which he would subject private teachers, but he forgot to tell us to what ordeal he would condemn academic professors before entering on the duties of their chairs. They, we suppose, come forth from their mothers' womb with all the attributes of perfection, like Minerva from the head of Jove. The London College is severely reprimanded for not instituting such tests; but the charge is justly repelled by the next question of the examiner:—"But inasmuch as they do not receive certificates indiscriminately from the teachers of private schools, the insufficiency of the certificates from these cannot be attributed to the rules of the College of Surgeons?" Again the Doctor returns to the charge, and repents himself, without strengthening his cause:—"I think it can, on this principle, that they require no qualifications; any man can become a teacher on any subject; and nothing is more common than for young men, immediately after they have passed their examination for licence to practice, to profess teaching some branch of medical science." *Hinc ille Archymus!* Every man may certainly become a teacher; but will every man who does so have a class? If he do not, the evil soon works its own cure; the experiment of a season will effectually remedy his didactic

ambition, and put him from signing certificates, whether true or false. The error does not lie in the inefficiency of teachers so much as in the ticket system itself; for whether the teacher be competent or not, his certificate is no proof whatever of the proficiency of the student. A certificate, signed by Dr. James Macartney himself, though intended for an "outward sign of an invisible grace," is no more a guarantee for the profession of that which it is designed to represent, than if it had been signed by one of his resurrection men. The qualifications of the teacher to "grant certificates" might, no doubt, be ascertained by examination; but is this all that would be necessary for the fulfilment of Dr. Macartney's plan? By no means; the qualification to teach would be but half the business, for though qualified to teach, he might not be qualified to give honest certificates. Would the College of Surgeons, therefore, behold, in pursuance of the Doctor's scheme, to erect itself into an "Inquisition," or a "Star Chamber," to ascertain the teacher's morality? But the bungling sophistry of this reply is well exposed by the common-sense observation in the following question: "Is not this an inconvenience that belongs to an unrestricted system in all arts and sciences, that there must be some good and some bad teachers; but, upon the whole, is not the acting without fetters found the most conducive to the progress of science?" To this enlightened remark, the subsequent quibble is opposed:—"As a general proposition that must be admitted, no doubt; but still I am inclined to the opinion which I formerly gave, which is, that there should be qualifications for teachers as well as for those who practise; because, in fact, the qualifications of those who practise depend on the knowledge and abilities of those from whom they receive certificates." The tautology of impertinent absurdity has run its utmost length in this reply, in which we have the repetition of a refuted fallacy combined with another equally ridiculous. The Doctor, indeed, would seem, by his attempt to strengthen one error by the addition of a second, to go on the same principle in logic as the practitioner would in surgery, were he to endeavour to make a patient, with a broken leg, walk, by the infliction of a second fracture on the sound one; but two lame arguments derive as little support from their juxtaposition as one broken leg would from its fractured fellow.

In the natural order of examination, the second of these assertions, "that the qualifications of practitioners depend on the knowledge and abilities of their teachers," should be noticed first; as this dependence of the practitioner on his teacher is the reason assigned by Dr. Macartney for the ne-

cessity of ascertaining the qualifications of the professor. If the competency of a pupil to practise his profession really depended on the abilities of his preceptor, we might allow some weight to the Doctor's inference, that his qualifications should be scrutinised; but is this opinion really correct? Is the pupil's competency to practise so general and necessary a result of his master's competency to teach, that it should be made the basis of a troublesome, restrictive, and, perhaps, a despotic regulation? We by no means intend to undervalue the advantage of efficient instruction, but, conceding to it the highest value, is there a single individual who reads these pages, will place the utility of the instruction of the ablest teacher on an equality with his solitary studies, observations, and reflections? To any practitioner who would admit the superiority of the former over the latter, we can only say, Lord help his patients! for, to a mind so constituted as to entertain this question even for a moment, the instruction of a Hunter or a Lawrence would be completely lost. The experience of every member of the profession must supply him with an ample refutation of this insidious and dangerous fallacy which, under the pretence of advancing the interests of science, limits its progress and acquisition to the knowledge and abilities of its teachers. As well might the success of a poet be said to depend on the assistance of a pedagogue and a *Gradus ad Parnassum*, or the excellence of oratory on the rules of rhetoric. Valuable as instruction undoubtedly is, it must ever be considered subordinate to individual exertion; a fact which is every day witnessed in the proficiency made by pupils under masters of the most opposite qualifications. If competency to practise, therefore, is not found to depend on the ability of the teacher, on what ground should there be instituted one test for practice, and another for tuition? If, indeed, any distinction were to be made in tests for these pursuits, the test for practice should undoubtedly be the more severe one; for it is of infinitely greater importance to mankind that there should be efficient practitioners, than that there should be efficient teachers. The worst evils which a teacher can inflict on his pupils are reparable; the evils which a practitioner may inflict on his patients, are often irreparable; thus the diligence of the pupil, or the selection of a better instructor, may repair the injuries of a bad one; but what remedy remains for the patient when maimed for life, or handed over to the undertaker, by the ignorance of his medical purveyor? The qualifications, in fact, for practice and tuition, so far as useful information qualifies for either, are precisely the same; the talent required by the teacher in addition to knowledge, cannot be ascer-

taised by any form of examination whatever, for we have yet to learn from Dr. Macartney, by what subtle process he could discover in the mind of a candidate for teaching, the faculty of communicating his information in a proper manner, except by the actual experiment of teaching, from which the Doctor would consistently and charitably exclude him. The correctness of the whole argument is only equalled by its benevolence, the Doctor being much more anxious about lessening the number of private teachers, than that of deaths from bad practice: in this respect he taken, with *Æsop*, the lesser of two evils; one pupil's fees would pay parish costs for coffins for some half dozen of years. The examiner finding him ready to go any length in his hostility to private teachers, asks him, for the purpose of drawing him out, "Can any person, without previous examination, or the authority of any constituted body, commence lecturing on surgery in Dublin?" To which the Doctor indignantly replies, "He can; he requires no authority from any human tribunal, for constituting himself a teacher of any part of medical science, either in London, Edinburgh, or in Dublin." What a misfortune it is to live in a free country! where any young man may set up an opposition school next door to an university, having neither the fear of the law, nor of Dr. Macartney's scarlet gown in his heart! In any well-regulated government, such as that of Turkey or China, the ambitious varlet who would dare to make such an aggression of the rights and dignity of an academic mufti or mandarin, would be forthwith subjected to the chastisement of the bastinado! Here the preceding line of interrogation is interrupted, and we must pass over a few questions and answers, in order to preserve the continuity of the Doctor's reasoning on the limitation of private teaching. Being requested to enumerate all the suggestions which he conceived best adapted to facilitate the study of anatomy, he reserves, by way of making a final impression, his project for the suppression of didactic piracy for the last item of his plan: "Lastly, I would propose as a measure of propriety, the constituting some qualifications for teachers, of which there is none at present; and here I wish to observe, that this is not proposed with any view of preventing young men of talent from coming forward as soon as they are prepared." Most generous man! With what delicacy of feeling and refinement of address, he would slip the fetters on his victims, merely as a "measure of propriety," and not for preventing "young men of talent" coming forward when prepared! Such is the dialect of despotism in churches, cabinets, and colleges, all over the world. The elegance of Dr. Macartney's system for the

enthralment of the most useful class of men in the medical profession, is scarcely surpassed by Austro-Italian tyranny, which writes the word *libertas* on the chains of its galley-slaves. Disguasted, apparently, by the reiteration of his selfish sophisms, the examiner now commences a catechetical analysis of his motives, and exhibits them, one by one, in their simple state of obliquity:—"What qualifications would you propose for teachers?" Caught in his own trap, the wary respondent replies, "It is a difficult regulation to make; but I have thought a little on the subject, and this is what I would venture to suggest—that every person, before he commenced as a teacher, should give notice to some constituted authority, five years previously, that he does so intend, and that at the end of the five years he should submit himself to a practical examination for the purpose, or that he should exhibit proofs (if it be anatomy, manual power, as in France) of his being able to make preparations, and also submit to investigation the anatomical preparations, plates, drawings, &c., which he may have accumulated for the purpose of teaching; upon which he might receive a licence, and be considered an accredited teacher, as in France." We entirely agree with Dr. Macartney, that it would be a difficult regulation to make, and still more difficult to carry into execution. In the first place, as to the difficulty, not one student in a hundred is himself aware, at the time of obtaining a licence, whether he ever would subsequently become a teacher or not. To what purpose, then, would any young man take the trouble, and be at the expense, of preparing himself for five years, and of serving a notice for an examination which he might never require? Plates, preparations, and drawings, are useful, no doubt; but a dead body is a much better apparatus for teaching anatomy than all the productions of the pencil, graver, or syringe, that ever were made. One night, out of the "five years," with the assistance of a pickaxe, would be quite sufficient to procure this *unum necessarium* for the tuition of anatomy; and, with this "stock-in-trade," any young man of abilities is perfectly qualified to teach anatomy, as much so as Dr. Macartney, with all his paraphernalia of plates and preparations. The Doctor's examination might certainly be complied with by teachers of anatomy; but how were young teachers of the other branches of medical science to be dealt with? Should the juvenile lecturer on the practice of physic and surgery, produce a whole hospital at his examination before he obtained a licence? A lecturer on chemistry, an entire laboratory, which would cost him some three or four hundred pounds, though he might never earn the price of

charcoal by it afterwards? A lecturer on pharmacy, in an apothecary's shop, which the next season might be hacked down to the highest bidder! About these lecturers, he it observed, the Doctor is no way solicitous—they do not interfere with his monopoly. The sentence, in fact, is totally inapplicable to the state of the profession in this country; we want no inquisitorial laws here, which would blast in the bud the first efforts of infamy & young aspirant after fame, who might, unchecked, eventually rise into a Hunter or a Baillie. Between France and England there is no analogy which bears on this question; the French Government have acquired, at least, a plausible right to enforce compulsory laws, by the facilities which they afford for obtaining a professional education; when the government of England furnishes all the materials of medical instruction gratuitously, we will neither quarrel with it nor with Mr. Macartney, for imposing conditions on the fruidition of such manifest advantages. As long, however, as the students of Great Britain pay for instruction, they may well be permitted to obtain it where it can be had cheapest and best. There are no institutes in the French system, which we would willingly see instituted at home; but arbitrary laws, dissociated from the circumstances which render compulsion tolerable, are certainly not among the items which we wish to have imported among us.

ENTWISTLE.

[To be concluded.]

#### EXPANSION OF HORSES' FEET.

To the Editor of THE LANCET.

SIR,—It appears that Mr. Caleb Morgan is unwilling to rest satisfied with the answer I made to his former communication in THE LANCET, but, after a six weeks' silence, when the arguments I adduced are in some measure forgotten, he comes forward again, to maintain the non-expansion of the horse's foot, to complain of my inexperience, and the sharpness with which I have used him, and to state, in his defence, that he "did not seek the controversy." But, let me ask Sir, if any one who seriously denies an admitted doctrine in your pages, ought to be surprised, or offended, at a reply from those who publicly support it? Whatever Mr. Morgan might expect, he may be assured that no one shall openly attack the principles that I advocate, without hearing from me in answer; at the same time, it is by no means an agreeable task to refute a grave, point-blank assertion by

argument alone, and I even suspect, if a liberal journal had existed in Harvey's days, and any one had chosen directly to contradict the theory of the circulation, using good language, and appealing to the experience or rather the ignorance of his predecessors, that it would have required some time and pains to answer him to the satisfaction of the public. Thus, although the expansion of the horse's foot has been heretofore admitted in THE LANCET, the world at large are certainly not acquainted with it, and Mr. Morgan is secure from general censure, and meets with some believers, because his assertions fall in with established prejudice and received opinion. To comment at large upon the manner in which he has met my queries would occupy too much of your valuable space. He admits that horses' feet are much wider when they come from grass than before, and because "they grow outwards." Now, why do they not "grow outwards" when shod, for it is notorious, that with common shoes, they contract and grow in? and, on the contrary, I can prove, by numerous feet, that with expansion shoes they grow to the natural width, and maintain it. What occasions this difference? In the latter case, the foot both grows and dilates naturally; in the former, its action and growth are impeded. It is a practical fact, observed by all the workmen, that feet, when shod with these shoes, furnish twice as much horn at the heels as before, and there is yet no instance of a horse becoming weak-heeled during their use. My second query he also admits, in this manner, "that horses' shoes become bright at the heels, immediately under the crust, but not one atom beyond it," (observe,) "which would be the case did this contractile and expansive power really exist." No, it would not be the case; did I not say, "rubbed bright by the ineffectual attempts of the foot to expand in spite of the nails," and are we not both speaking of a common shoe, in which I say, the nails confine the foot's action. In the very next paragraph, he says, "the nails are always placed sufficiently in the forepart of the foot to admit of this contraction and dilatation did they exist." Altogether, these passages strengthen, so far as his opinion can strengthen, what I said respecting the futility of placing the nails forward, under the idea of allowing motion to the heels, for though he says they are "always sufficiently forward to admit of this," he still denies that an atom of lateral motion takes place in consequence. Yet, though his arguments second mine, he follows the example of "Nimrod," in calling it "falsity about the nails," simply, it seems, because he cannot comprehend it, and speaks of the nails in the quarters confining the expansion shoe, not knowing that

the point of action in the foot is at the toe, and that the sides move outwards, as it were, by halves.

My third question, unpleasant as it is to Mr. Morgan, I must beg leave to repeat. "Has he never applied his thumb and finger to the heels of a well-worn expansion shoe, and seen the shoe and foot collapsing and expanding together under the operation?" His angry answer is, "No, nor did any other man!" Remember, when the judgment's weak, the prejudice is strong." To have replied for himself would have been quite sufficient, since all may not be equally wilful, and this simple trial, so easy and conclusive, is within the reach of all. If Mr. Caleb Morgan will blindfold himself, and then declare there is no light, he may remain perfectly self-entitled in possession of his own opinion, but is exposed to the ridicule of all the world who use their eyes. However, after denying that he has ever made this trial, he gives us some ground to doubt it, by seriously attempting to dispute its value. For if, he states, the foot be forcibly compressed, and afterwards, on being released, resumes its natural width, it no more proves the expansive nature of this organ, than the same experiment, performed on the human knuckles, proves that they are constantly dilating and collapsing. And are they not doing so? This gentleman's perceptions must be dull, if he cannot see his hand before him! But though this attempt to seek for analogy is unfortunate, I will challenge him to try again, and find, if he can, an instance, in the feet or extremities of any animal in nature, where a considerable and obvious share of expansive action does not exist. Yet this quality, so general and so indispensable, he would deny to the foot of the horse! though it is not, he says, "a block of granite," but "a horny box, or covering, to the sensible parts of which the foot is attached," a definition which to me is incomprehensible.

What follows is a mutilated version of Mr. Coleman's nonsense, with respect to the frog and its upward action, which he cannot demonstrate, while to common sense it is plain, that an organ destined to receive the weight of the horse must be yielding and expansive, the proper qualities of the frog, not resisting, by any upward movement, the downward pressure from above. But the grand object of this gentleman's long letter, having but little to urge against my statements, is to depreciate the principle of expansion, by stating, that the shoe is not new, and, to give an air of research and discovery to his remarks, would send you on a hoodlum errand to the British Museum, to consult the sage volume of old Gubbrinere, when the purpose would have been equally well answered by our own more ancient

English writers, Blundeville and De Grey, who, with all the farriery writers of that period, describe and figure the shoe for all feet, which is thus commented on by Mr. B. Clark, in first promulgating these doctrines:—

"The shoe itself I do not claim as any novelty, for it is often seen hanging, as a curiosity, against the walls of forges, and has been relied, by some, the hunting shoe, being, as it was said, sometimes taken into the field by the huntsman, and if any shoe came off, and was lost during the sport, this supplied its place; possessing the power of dilating and contracting, it fitted all, if a village smith could but be found to nail it on. It is not, therefore, the shoe itself, but the new principle for its application that I claim, and the discovery of the real structure and habit of the hoof which indicates its necessity."—*Stereoplex*, p. 37.

Also, in his *History of the Horse*, p. 35, speaking of Blundeville's book, he says,

"He has also given a shoe with a lap-joint, riveted by a small iron pin, in case of a lost shoe, and to accommodate different feet, and recommends gentlemen learning to nail a shoe on, in order to see it, observing that, in Germany, it was the practice so to do with those who were very fond of riding, so that it was intended merely as a resource, to be removed as soon as a proper shoe, or smith, could be found; indeed such a shoe could not be worn many days, if not many hours, without coming asunder. No principle of elasticity in the foot being known, it was, in fact, hanging against the walls as a mere curiosity."

This candour, on the part of Mr. Clark, renders Mr. Morgan's remarks unnecessary, and we should not forget, also, that a real meritorious discoverer is not a man who accidentally uses a thing for an occasional purpose, and lays it aside, but one who employs it upon principle, discovers and demonstrates the necessity of its application, and makes it, in short, "*practically useful*." Were this not admitted by general consent, we should have no scale of merit, and those who hazard assertions without proof, and do things by mere chance, would rank before the enlightened discoverer. Respecting the expansion of the horse's foot, it would appear, from the amazing difficulty that Mr. Morgan finds in understanding it, even when pointed out to him, that the disclosure of it must have been a laborious effort, on the part of Mr. Clark, to overcome his original prejudices.

\* This shoe was usually made with a double row of nails on each side, that it might, with more certainty, fit all feet, and it was also very light and unfit for permanent application.—C. C.

and preconceived notions, though it is only the discovery of a natural principle in the foot which had been overlooked before. Your correspondent has advanced no new arguments, but seems inclined to abide by his experiments with the calipers, which I showed to be inconclusive as to the final question, and to set at nought all the facts which anatomy, analogy, and even common observation, furnish to prove the expansion of the foot. His last letter is chiefly composed of ungracious terms applied to me, for having, very naturally, defended my own cause when attacked in *THE LANCET*, and, of course, with that warmth which it is every man's duty to feel on such an occasion. But Mr. Morgan has overshoot the mark, and proclaimed his own weakness, in charging me with being "*acrimonious, virulent, or epistemic*," and that I *slur, vilify, or vituperate* his means or motives. These epithets belong not to my communication, and are too much like the common-place weapons of a hired advocate in a bad cause, who, in the absence of argument, clamours loudly about the intemperance of his adversary, in order to draw off public attention from the facts he has stated. There is no ground in my letter for these malevolent imputations. He pretends to account for this asserted "*acrimonious violence*," by the contempt which he unluckily evinced for theorists and book-makers, &c. Now, in what manner this contempt was to affect me, who never committed the sin of writing a book, I am quite at a loss to imagine, and, as a theorist, though I will not deny acting on principle, and can render sufficient reason for what I do, still I am a practical shoeing-smith, and can execute my own orders if necessary, and therefore, so far as making and nailing on a horse's shoes go, am perhaps less of a theorist than Mr. Morgan.

One more word, Sir, and I have done. He says that my name is not to be found in the list of College Veterinary Surgeons. It is true that I have not got a piece of paper from Mr. Coleman and his medical friends, (whom he has so repeatedly asserted can never make good practitioners,) because, in the present degraded state of the College, this ticket is considered, among men of judgment, as a disgrace. Were I disposed to fool away twenty guineas, I know where the paltry affair is to be got at any time, but never will seek it while the present mode of instruction exists, or submit to be catechised by men of another profession. For a time the word *college* commanded respect, but the failure of all Mr. Coleman's *patents*, and the singular fact, that the peculiar theories which he enforces with most weight and vehemence, and which may be found floating in the brain, and hanging on the tongue of every full-fledged pupil, are almost

uniformly true when exactly reversed;<sup>\*</sup> these things have at length produced their natural effects on the public mind. Let me not, by any means, offend the respected and established practitioner, to whom I appeal for the truth of these statements, and who knows that he cannot, and never has been able to practise the major part of Mr. Coleman's doctrines. Such as it is now, a diploma is not merely a negative good, but a positive injury to a young practitioner. I, for one, will not be supposed to derive my qualifications from such a source as St. Pancras School.

I am, Sir,  
Your obedient servant,  
CHARLES CLARK, Vet. Surgeon.

Veterinary Infirmary,  
Stamford Street, May 19th.

## LONDON MEDICAL SOCIETY.

May 18th, 1829.

Mr. CALLAWAY, President, in the Chair.

### EXTRA-UTERINE FETATION—ENTERITIS AND DEATH—AMPUTATION IN A CASE OF ARM PRESENTATION.

MR. WALLER detailed the particulars of a case of extra-uterine fetation which had come under his notice. A married female, thirty-six years of age, who had had children, got her feet wet, which, in her opinion, caused suppression of the menstrual evacuation. She had no idea of having conceived. At about the third month afterwards, she perceived a tumour in the left side, which gradually increased till the sixth month. She was then visited by Dr. Walshman and Dr. Bleckborough, who gave her no reason to suppose that which had never yet entered her mind, namely, that she was pregnant. At the expiration of the ninth month, and two weeks from the suppression, a discharge of putrid blood from the vagina supervened, which lasted for some days, and the tumour was then observed to be sensibly decreased. For nine years after this, regular menstruation went on again, her health improved, and she grew fat. At this distant period suppression again took place, and this she again attributed to the same cause, namely, that of having got her feet wet. Sometime after this, she felt something sticking in the rectum, on retiring to evacuate the bowels, and she was induced to send for a surgeon. On

\* If this singular assertion is doubted, I am ready to undertake the proof of it in a concise, straightforward manner.

examining, he believed it at first to be the bone of a chicken, but, on removing it, he found it to be the femur of a fetus. This was followed at different times by the discharge of almost all the bones of an infant. Mr. Waller exhibited these bones to the Society. From their size, he considered the fetus must have been from five to six months' old.

Mr. DOUBLEDAY exhibited a preparation which had been taken from the body of a student at Guy's Hospital, the particulars of whose case he regarded as very interesting. The subject of it was twenty-five years of age, and a fortnight since he was a visitor at the London Medical Society. On the following evening he joined a dinner party, at which, probably, for the first time in his life, he eat and drank too heartily. On Wednesday, he felt very unwell; but resorting to means calculated to unload the stomach and bowels, in the course of the next day he got better. On Thursday, Friday, and Saturday, he was out, and prosecuting his studies. On Saturday night, however, he returned to his lodging, feeling again extremely unwell. On Sunday morning, at three o'clock, Mr. Doubleday was sent for. He then complained of violent pain in the stomach and bowels, particularly over the right iliac fossa. Pulse full and quick. Mr. Doubleday bled him; gave calomel and opium, and ordered fomentations. At ten, A.M., he saw him again in company with Mr. Callaway, when the symptoms appeared to be considerably relieved. Pressure on the right iliac fossa continued to give great uneasiness. Leeches were then ordered, and large doses of calomel and opium. The leeches bled freely, and gave relief. Saw him again at night, and took from 34 to 40 ounces of blood from him. Administered salts and senna, which were returned. On the following morning, Dr. Cholmeley met Mr. Callaway and Mr. Doubleday in consultation on the case. Depletion it was thought had been carried sufficiently far. Large doses of calomel and opium were ordered to be continued; five or six grains of the former; but, up to Tuesday, no motion had been obtained. Dr. Sutton (an uncle of the patient) was then also called in; calomel prescribed to the extent of a drachm a-day, and a clyster of elaterium and aloes, of each five grains, several times administered. The patient throughout exclaimed, that if he could only get his bowels moved, he should do well. On Wednesday morning a free discharge from the bowels came on, which continued throughout the day; but the pain continued as violent as before; the pulse was accelerated; countenance anxious. On Thursday morning presented symptoms of approaching dissolution, though, for a short period,

before death, some hope was afforded. Opiates and brandy prescribed. Died at four o'clock. On the following day the body was examined by Dr. Hodgkins, and the following is his report.

"The external appearance offered nothing remarkable; the body well proportioned, and well supplied with flesh; the skin somewhat sallow; the head and chest were not opened; there was no fluid effusion in the peritoneal cavity generally, but on the right side there was a circumscribed cavity formed anteriorly by the parietes and omentum, and elsewhere by convolutions of intestines, both large and small. This cavity, which extended from the inguinal to the hypochondrial region, was narrow, and of little capacity; it was shut up by peritoneal adhesions, and lined by a dirty, thickish, and irregularly tender false membrane, and contained, perhaps, two ounces of dirty seropurulent fluid, which appeared to contain an admixture of fluid feculent matter. The omentum was large, and considerably inflamed in the neighbourhood of this cavity; it was pretty firmly bound down close to the internal ring, but there was no hernia. The contiguous peritoneal surface, to the distance of some inches from the circumscribed cavity before mentioned, were glued together by layers of opaque, light-yellow, coagulable lymph. This substance, which was evidently of very recent formation, was perfectly unmingled with feculent matter; it was tolerably firm, very free from serum, and showed no trace of organisation; it was most abundant on the intestines in the right inguinal region, where the peritoneum beneath it was minutely injected, but it also existed between the concave surface of the liver and the pyloric extremity of the stomach. The liver was pale, and of a yellowish colour, but in other respects seemed quite natural; having separated the adhesions by which the convolutions of intestines in the right iliac region were glued together, the appendix vermiformis caeci was found bound down and distended to at least three times its ordinary size, and contained an indurated alvine concretion, about the size and figure of a chocolate nut. In that part of the appendix in which this concretion was lodged there was a small opening, by which it appeared that the fluid feculent matter had made its escape into the abdomen. Internally, the mucous membrane was thickened, of a livid colour, and partially ulcerated. There were evident marks of a high degree of inflammation of the mucous membrane of both large and small intestines, for a few inches near the valve; in the small intestines this irritation was by far the most considerable along the valvulae conniventes, the edges of which appeared either ulcerated or abraded; at a greater

distance from the valves the mucous membrane was, to all appearance, healthy, but the fecal matter within the small intestines was mixed with unhealthy green bile. The kidneys were both healthy; the concretion taken from the appendix was laminated, and composed of fecal matter. It was not readily broken under the pressure of the finger."

Mr. CALLAWAY corroborated the statements made by Mr. Doubleday. He added, that blisters were applied over the right iliac fossa. It was due to the memory of the deceased that he should state, that a more temperate, industrious, intelligent, and meritorious young man was not to be found attending the hospitals, and that the excess which had been followed by so melancholy a result was purely accidental. Every possible attention was paid to him, but the violence of the attack baffled all skill. The cœcum was evidently in a state of disease, and how long the alvine concretion had remained in the appendix no one could say; but it was highly probable that it had been called into action by the excess, and thus the intemperance had proved the exciting cause of that which produced death. The patient was not robust, though very healthy.

Mr. BLENCATIN had no doubt of the cœcum being the seat of the disease, and, in peritonitis, was generally to be regarded as the part particularly affected. Either in enteritis or peritonitis, when depletion was carried to a great extent, patients seldom rallied; at the same time he thought they rallied better after general than local bleeding. He wished to know the appearances of the tongue, fauces, and blood.

Mr. DOUBLEDAY said, that the appearance of the tongue was good; the blood showed no great degree of inflammation; the fauces were very unhealthy, and the patient had almost constant thirst.

The PRESIDENT believed, that if there was any practice more successful than another in enteritis or peritonitis, it was clearly that of venesection, but that there was a period at which it was evidently injudicious to use the lancet.

Mr. LEWIS desired to know, whether this gentleman had been in the habit of taking magnesia. It had been observed, that in those who had been long in this habit, concretions frequently lodged in some part of the alimentary canal. No reply could be given to the inquiry.

Dr. CHAMBERLAIN, who entered the meeting at a late hour, on being requested to explain the state of the pulse, observed, that from the moment at which he first saw the patient to his death, the pulse was such as he had generally noticed in persons who had died of enteritis after depletion had been

carried to a considerable extent, whose the inflammatory symptoms, the active state of them, would not allow for the depletion, and where the obstruction of the bowels had not given way—a pulse, generally speaking, very quick, small, and feeble.

Mr. DOUBLEDAY begged to know, what was the effect, as expected to be the effect, of the suppository in this case.

Dr. CHAMBERLAIN thought there was a very fair opportunity of trying the suppository in preference to further injections. It had not been tried till after the last injection had not been completely returned, and the patient continuing to complain of great inconvenience from want of an evacuation. The suppository would often solicit the lower bowels to discharge their contents, and very frequently, by the irritation it produced, enable the bowels to evacuate a quantity of feculent matter. In the first stage of cases of enteritis, generally he began with depletion from the arm, then applied leeches and blisters, and very frequently fomentations, and poultices if the patient could bear the weight of them. When the stomach had rejected other purgatives, the bowels not being yet unloaded, it was then necessary to administer the *submuriate* of mercury, either with or without opium, and between the doses generally to give *Epsom salts*. In this way he had usually seen the obstruction in enteritis, from an overloaded state of the stomach, give way, though sometimes it had been necessary to continue the treatment for three days before the effect could be produced.

The following midwifery case was read by Dr. RYAN, in explanation of a casual allusion which fell from a member on a previous evening. The woman was 25 years of age; she had had children before, and the last was a cross birth. On the present occasion the arm presented. A midwife was in attendance, who found the case unmanageable, left the patient, and sent for Mr. Bradford, who arrived when she had been in labour eight hours; the arm presented, and the liquor amni had escaped full eight hours. The uterus had firmly contracted on the fœtus, and no efforts were made to expel it. Waiting some time, he attempted, unsuccessfully, to turn, but could not get hold of the feet. Gave her a drachm of laudanum and left her. In two hours subsequently he visited her again, in company with Mr. Hawkins. She was then in the same state, with the exception that the laudanum had rendered her a little more tranquil; still no uterine efforts to expel the child. After several ineffectual attempts to turn she was left for the night. At nine o'clock the next morning, pretty much in the same condition, but had had six hours' sleep; the uterus still

contracted, without making any efforts to expel. She had now been in labour twenty hours, and the child was, to all appearance, dead; no pulsation in the chord; the hand and arm quite livid. Under these circumstances Mr. Hoskins amputated the arm.—Many fruitless attempts were made to fix the crochets over the head. Mr. Morgan, jun., now arrived, and it was thought advisable to leave her, agreeing to meet again at an early period. Before that time, however, and in an hour after quitting the patient, Mr. Hoskins was sent for; the child, an eight months' foetus, was expelled, and he immediately removed the placenta. The child appeared to have been dead for some time, and the woman did well. Her pulse was about 80, and very steady throughout, the patient being very tranquil during the whole time.

We refrain from giving the discussion which followed this case, the details of which were freely canvassed by the members. It was read to the Society as a justification of the practitioners, and, as such, in justice to the parties who felt themselves aggrieved, we think it right to leave it.

#### ON THE TREATMENT OF THE DROWNED.

By J. BAKER, Esq, Surgeon to the Royal Humane Society.

I read, through the medium of this Journal, to communicate the following case, with a few general directions for the treatment of the drowned, as much harm is sometimes done in cases of drowning, before medical assistance can be obtained.

Last night I was called to attend Abigail Kenney, a poor wretched-looking woman, sixty years of age, who attempted to destroy herself by jumping into the Regent's Canal, New North Road. When she was taken out of the water, life appeared totally extinct; I immediately had recourse to the means employed by the Royal Humane Society, and continued to use them for an hour and a half with ultimate success. The reason assigned by the woman for attempting suicide was, that she was starving; a penny loaf and half a biscuit had been the only food she had tasted for three days. She also stated that she had lived in the parish of Spitalfields for thirty years, and that want of employment was the cause of her distress.

#### Treatment of the Drowned.

Particular care should be taken to employ the following means in the order described, and as quickly as possible; and in the precipitancy and confusion usual upon such occasions, cautiously to avoid every kind of

violence or rough usage. It is of the utmost importance, first, to cleanse the mouth and nostrils, strip off the wet clothes, wipe and clean the body, and wrap it in dry garments or blankets before it is removed, in order to avoid evaporation, and prevent exposure to a cold atmosphere. By a neglect of either of these precautions, the temperature of the body would be greatly reduced, and the prospect of resuscitation much diminished. The colder the weather, the more desirable it will be promptly to strip off the wet clothes, and put on dry; this should be done upon the spot, unless a convenient place is close at hand to carry into execution the more material operations. An error in the first steps of the resuscitative process may occasion a fatal result. It cannot, therefore, be too strongly urged upon those who humanely assist in these early moments, and who are seldom professional men, rigidly to adhere to these few articles of instruction. They may thus effectually prepare the way for the restoration of life. At the same time I should observe, that if they attempt to take more upon themselves, their intentions though good, may be subversive of the proper end, and defeat the designs of the medical attendant.

New North Road, May 16, 1829.

In a paper lately read to the Royal Academy in Paris, it was stated as the result of a calculation by the author, that, in consequence of the violence of the method now used of inflating the lungs, only two-thirds of the persons susceptible of recovery from drowning are ultimately brought to life, the proportion of recoveries having formerly been nine-tenths.—*Ed. L.*

#### DR. WHITING'S OPINIONS ON THE VITALITY OF THE BLOOD.

##### To the Editor of THE LANCET.

SIR,—I do not feel myself bound to prolong the discussion on the vitality or non-vitality of the blood, with the gentleman who has come forward in your last Number as the avowed protector of Dr. Whiting's reputation; but as that writer has heaped upon me with an unsparring hand the charge of misstating words to suit my own ends, it may not be improper to show how he has fallen into errors not different from those which he condemns in a laudable but somewhat officious anxiety, to protect the character of his friend.

Whether Dr. Whiting voluntarily offered, or only kindly acceded to the President's "request," of taking part in the late debate,

is a matter to myself, and probably to others, of but small importance. Of this fact, however, I am certain, that I at least put no imputation upon that gentleman inconsistent with the utmost degree of modesty to which any reasonable man would aspire, and that the word "promising," quoted, or seemingly quoted, against me, does not occur throughout the communication which you judged it expedient to insert. Nor can I admit that any thing I said in that paper, could possibly imply that I was a blind adherent of Hunter's doctrines, further than in a belief of the fact to which they tend, that the blood is vital; this surely did not bind me *velens velens* to view the act of coagulation in the same light with him as the result of an active agency of life, and the whole tenor of my letter shows that so far from this being the case, I conceived that act to prove vitality to have previously existed, only from its occurring under the deprivation or negation of some power, which I could only conceive to have been that of life. Neither did my language imply, directly or indirectly, that Dr. Whiting was of "opinion" that coagulation depended upon the agency of life; the force of my question, both to him and Mr. Cooper, hinged upon the word "active," which your correspondent, who, no doubt, knows the use of the *italic* in which it is printed, will find to be the case; and as Mr. Cooper evidently argued upon the act of coagulation in the manner of Hunter, and as Dr. Whiting as evidently combated it when used in a similar way, so did I then, and so do I now, conceive myself justified in putting the question, whether they did not think it "more reasonable" to suppose that coagulation occurred not from the activity, but from the negation of causes previously existing.

Had Dr. Whiting not come forward as the avowed opposer of the vitality of the blood, there might be some reason to charge me with indiscretion, in calling him the supporter of any particular "doctrine." As the case stands, however, it is very different. At the meeting of the Society upon the 6th of April, when this momentous affair first originated, he then and there declares that he is "by no means a believer in the vitality of the blood;" and, "*per contra*," (as I humbly submit,) that he was of course a believer in its non-vitality. Now, if it be admitted that John Hunter's opinions and arguments in favour of vitality can justly be said in their aggregate to constitute a "doctrine," upon what possible principle can it be denied that those of Dr. Whiting, or of any other doctor, or no doctor, in favour of its non-vitality may, by a parity of reasoning, be condensed under a similar name. If he did not believe in the doctrine of vitality, he must, I presume, *ex necessitate*,

believe in the doctrine of non-vitality, unless, indeed, his arguments, like those of the civilians in the affair of the Stranburgh nose, led only to the conclusion that it was neither dead nor alive.

On the affair of digestion, I have little to say, as I mistook his meaning by adopting it in too extended a sense. I freely apologise for placing his art in contrast with that of Paracelsus; and he will perceive I admit the partial chemical powers which the gastric juice displays; whether my "learning" has made me acquainted with the experiments by which the fact is proved, can, therefore, be a matter of small importance to any one but myself, though the probabilities are in favour of a man's not talking of things of which he has not some gleam of knowledge.

In conclusion, Sir, permit me to say that I was not present at any of the debates in question. I depended upon my knowledge of the great correctness with which your reports are usually given, and the communication which has originated so angry a reply, was hurriedly penned upon perusing those reports. Not possessing the gift of prophecy, I could not have inferred that the discussion was again to be resumed; and had I done so, nothing which has since transpired would have altered my opinions.

When Dr. Whiting's champion next extends his shield, not, alas! the ample shield of Ajax, to protect, as he conceives, the sullied reputation of a friend, I hope he will do so with a more powerful arm, and in a less fastidious spirit. Meanwhile, as my Latin quotation has proved so discreditable to my "heart," permit me to gargle Dr. Whiting's tongue and fauces, probably a little nauseated by the stale and musty lines of Juvenal, with the homely but refreshing English saying, "Heaven defend me from my friends, and I'll defend myself from my foes!"

J. S. C.

Islington, May 18.

#### INFLATION OF THE LUNGS OF INFANTS.

At a late meeting of the French Institution, a case was communicated, in which a new-born infant was aroused from a state of asphyxia by the insufflation of air. A child, just born, was brought to M. Portal for the purposes of dissection; while preparing for this, some short time after receiving it, it occurred to him to blow for an instant into its mouth. In two or three minutes, heat returned, the circulation recommenced, the heart began to beat, and the supposed corpse was restored to the parents a lively infant. A similar circumstance is said to have once occurred to an anatomist at Lyons.

# THE LANCET.

London, Saturday, May 30, 1829.

THE Anatomy Bill still lags in the House of Lords. No notice of the second reading has yet been given. It is so odious, so detestable a measure, that no Peer seems disposed to soil his hands by touching it. Lord Malmesbury, during the week, has presented several petitions against it, and he has expressed his regret that such a Bill should have been brought into their Lordships' House. We cannot yet believe that the Peers of England will give their sanction to a law which inflicts on the bodies of the poor what the Legislature regards as the least mark of ignominy and degradation on the body of the murderer. Had the Bill been entitled, "A Bill to prevent the *buying* and *selling* of dead bodies;" the motives of its promoters out of the House could not have been impugned, and the motives of its supporters in the House would not, most likely, have been misrepresented. We repeat, for the fiftieth time, that the *sale* of a single body at Edinburgh for the paltry sum of four guineas, led to the murder of no less than the fifteen human beings. Horrible fact! And here is a Bill which is to protect the public against disinterment, but not against murder. Are we not justified in asserting, that while the sale of human bodies is permitted under any circumstances, there can be no security for the public? Should the Bill get through a second reading in the House of Lords, an occurrence we cannot expect, we hope that both the members of the profession and the public will instantly take some step to acquaint the House with their opinions relative to such diabolical enactment. The fact that the bodies of the poor and the murdered may be sold, is surely sufficient to rouse the indignation of the public, and the rider, a copy of which we now lay before

No. 300.

our readers, is surely sufficient to rouse the indignation of the profession.

*Applicants for Licences to keep Dissecting Schools in certain Cases, to produce Certificate of Competency.*

And be it enacted, That every party who shall apply for a licence to keep a dissecting-school, not being a keeper of a dissecting-school at the time of the passing of this Act, shall produce to the said Commissioners a certificate that he has undergone an examination in practical anatomy before examiners, to be appointed by one of the corporations in England or Scotland authorised by law to grant medical or surgical *degrees* or *diplomas*, and that he has been adjudged by such examiners competent to teach ANATOMY; and in case examiners shall not be appointed for such purpose by any such corporation, to which any such party shall apply to be examined, or in case examiners so appointed shall neglect or refuse to examine the party so applying, then the said Commissioners shall appoint examiners to judge of the fitness of the party to teach anatomy; and every such examination as aforesaid shall be open to, and may be attended by such Commissioners, and to and by any physician or surgeon, or any student in medicine or surgery.

It will be recollected that the Bill, as at first introduced to the House, gave the College no power whatever over the licences; but now, it seems, the teacher of anatomy is to obtain *two* licences, and one of these from a College of Physicians or Surgeons; for, in truth, the *certificate* amounts to neither more nor less than a licence, because the ordeal which the candidate will have to undergo before he can procure it, is precisely that which the College would have imposed for the licence. Sir Astley Cooper, Mr. Guthrie, and Mr. Keate, petitioned the House of Commons *against* the Bill, and prayed to be heard by counsel; but a "conference" having taken place between these gentlemen and two or three members, the petitioners consented to waive their hostility if the above clause were introduced. The compromise reflects disgrace on the whole of the parties. It is, indeed, modest in Sir A. Cooper, who has two nephews and an apprentice lecturing at Guy's Hospital,

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a nephew lecturing in Aldersgate Street, and a godson lecturing at St. Thomas's Hospital, to require that those lecturers who may wish to oppose his lecturers should first obtain from the same Sir Astley Cooper certificates of their competency. Should the bill with this rider pass, no foreigner, however celebrated, not even MEXXEL, could establish himself in this town, without first submitting to an examination before the miserable creatures who compose the Council in Lincoln's Inn Fields. What is the object of the examination now instituted at the College, if it be not to ascertain a candidate's *knowledge* of his profession. If a man be qualified to practise, surely that knowledge which would render him capable, is sufficient to warrant him in *attempting* to teach. But there is a vast difference between possessing information, and possessing the ability to communicate it; and no examination which the College can institute, will be sufficient to prove, that a man *must* become a successful teacher. We are so thoroughly disgusted with this rider, and at the manner in which it has been introduced, that we shall not, at present, say another word on the subject, but leave the profession to form their own conclusions.

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MANY of our readers must have seen in the newspapers of October last, an account of a case of alleged mal-practice in midwifery at Liverpool. We did not notice the affair at the time, because we were unable to obtain that kind of information which alone could enable us to form a correct or impartial opinion, and further, because at that period there was a chance that an important judicial proceeding would be the result of the charge in question. We have now the whole of the documents connected with this transaction before us, and being in possession of the statements of each party, we will, in a few words, present

our readers with the chief features of the case.

Ellen Read was taken in labour on Wednesday the 17th September, 1828. Mr. Jeffrey, a surgeon of Liverpool, had been engaged to attend her, but as he was absent, Mr. Kelly, also a surgeon of the same town, was sent for. This latter gentleman, being in attendance on another case of midwifery, his assistant, Mr. Scanton, officiated in his stead. On Mr. Scanton's arrival about one o'clock on Thursday morning, he found the labour taking its regular and natural course, and the os uteri dilated to the size of a crown piece. Towards seven o'clock, the pains became languid, and the patient fainted. This alarmed Mr. Scanton, and he sent for Mr. Kelly, who states, that on his arrival he found the os uteri fully dilated, and the head of the child lying low in the pelvis. Mr. Davies, another surgeon of Liverpool, arrived about the same time, between nine and ten o'clock, on the morning of September the 18th. In consultation, a full dose of laudanum was prescribed. At noon, the patient was again visited by Mr. Kelly; she had had no rest, and the pains were still weak and ineffectual. The ergot of rye was now given. Mr. Scanton continued with the patient the whole of the day. At eight o'clock in the evening, Mr. Kelly was again summoned. The patient had become much exhausted, was obliged to be lifted in and out of bed; was feverish; the pulse weak and frequent; the vagina tender, hot, and dry; the head of the child pressing on the perineum, with a severe prolapus of the anus. Mr. Kelly requested the attendance of his friend Mr. Wood, an intelligent surgeon, with whom it was agreed, in consultation, to be absolutely necessary to apply the forceps. With the concurrence of the patient, her relatives and friends in attendance, recourse was had to them; and in ~~some~~ <sup>not</sup> less than a quarter of an hour, the suffering patient was delivered of a very large living child: the infant survived nine

weeks. All parties appeared perfectly satisfied, and Mrs. Read expressed her gratitude to Mr. Kelly, for having relieved her from her agonies.

On the following morning, between nine and ten o'clock, the patient was visited by Mr. Kelly and Mr. Wood. She had passed no urine, and her bowels were confined, but there was neither tenderness of abdomen nor fever. Mr. Kelly directed a dose of castor oil to be taken immediately, and fomentations to be applied to the abdomen and pudendum. Mr. Kelly then left, requesting to be sent for in the afternoon, if the patient in the mean time did not pass her urine. He received no message, and therefore did not call again until the following morning, Saturday, when he learned, that shortly after his departure on the preceding day, Mr. Jeffrey had visited the patient, he having returned to Liverpool. An alvine evacuation having been produced in the interval which occurred between the visits of Mr. Kelly and Mr. Jeffrey, the latter gentleman countermanded the castor oil. Mr. Kelly did not see the patient again, and she was regularly attended by Mr. Jeffrey. At six o'clock on Saturday morning, this gentleman was sent for to pass the catheter, as the patient had not evacuated her urine, and was in great pain. On the 21st, symptoms of inflammation became alarming, when Dr. Renwick was consulted, who, with Mr. Jeffrey, continued to attend until the 25th, when she expired, seven days from her delivery.

About a fortnight after the interment of the body, the Mayor of Liverpool received an anonymous letter, which stated, that "Mrs. Read had died in child-bed in consequence of improper treatment, and that she had been attended in her lying-in by Mr. Davies, Mr. Kelly, and Mr. Scanton, surgeons." The worthy mayor knowing nothing of such matters, handed the letter to a person as wise as himself, a Mr. Bold, Bailiff and Coroner for the Borough. This

gentleman, with characteristic sagacity, sent for Mr. Davies, one of the surgeons who had attended the patient, and directed him to cause the body to be disinterred and examined by "competent persons;" this was done on the same evening, and the "competent persons" who conducted the examination were, Mr. Dawson, Dr. Renwick, Mr. Jeffrey, and Mr. Davies, the three last mentioned gentlemen having attended the patient during her illness. On Tuesday, Oct. 14, an Inquest was held before the above-named Coroner, and the Jury, after an hour's deliberation, returned a verdict of Manslaughter against Mr. Bernard Scanton!! who was taken into custody and committed to goal, where he was kept in close confinement for six weeks, and then liberated without having been brought to trial! A Bill was then laid before the Grand Jury against Mr. KELLY, which, of course, was ignored; thus he was accused without being brought to trial, and like Mr. Scanton, had no opportunity of proving his innocence!

Such are the chief facts connected with this most extraordinary transaction. The few remarks we have to offer, we shall divide into two parts. The first will refer to the transactions up to the period of the receipt of the anonymous letter by the mayor; and the second, to the occurrences which happened subsequently to the receipt of that letter. In justice to Mr. Kelly, then, we feel it our duty to state, and without the least hesitation, that we cannot discover the slightest ground whereon to rest an accusation of either rashness or ignorance against him. The female attendants state, that the child was delivered with scarcely any pain to the mother, and that she expressed deep gratitude to the operator; of the medical gentlemen who were present, and assisted Mr. Kelly, Mr. Wood, a gentleman of excellent education, and of very considerable experience in his profession, has distinctly sworn, that the forceps were used by Mr. Kelly in a most careful and

scientific manner; that their employment was absolutely necessary, and no operation *could have been better performed*; and the females present have also sworn, that the patient during the application of the forceps did not complain of pain, and that the delivery in this case had been effected with much less suffering than in most of the other cases they had witnessed, where no instrument had been employed.—Mr. JEFFREY commenced his attendance on the day after delivery; at six o'clock on the Saturday morning, it was found necessary to pass a catheter for the first time; the patient up to that period, thirty-four hours, not having evacuated the contents of her bladder: she was then, it appears, in great pain. On the 21st, there were symptoms indicative of severe internal inflammation, and Dr. RENWICK was called in, who attended until she died, on the 25th. This gentleman swore, before the Coroner, that “he considered Mr. Jeffrey to have done every thing that was requisite.” We should, it is true, have been better satisfied, had we seen a more minute statement of the treatment adopted by Mr. Jeffrey, and, probably, if the catheter had been introduced some hours earlier, the chance of a recovery might have been slightly increased. However, taking the whole of the circumstances into consideration, we cannot perceive that the professional conduct of either Mr. Kelly, Mr. Jeffrey, Mr. Wood, or Mr. Scanton, deserves the slightest censure or animadversion. The unfortunate woman evidently had a most severe labour, which terminated with loss of life, notwithstanding every exertion on the part of the medical practitioners to avert the fatal catastrophe, and may we not ask, have not hundreds of women expired in a shorter time after delivery, and with whom there had been neither delay nor the employment of instruments? Every accoucher of experience, and acquainted with the history of his profession, must answer in the affirmative. The

body having received the rights of sepulture, the relatives of the unfortunate woman were resigned to the visitation of Providence, and not a complaint was heard against the medical attendants,—no accusation of MAL-PRACTICE against any of the surgeons. Such was the state of feeling, up to even a fortnight after the funeral, when lo! the Mayor then received an anonymous letter, in which it was stated, that Mrs. Read had been destroyed by the use of instruments; and we now come to the consideration of the second part of this extraordinary affair. The Mayor, probably, was right in handing over to the Coroner, a letter which involved a question connected with the death of a human being. But what ought to have been the conduct of the Coroner, on receiving that document? We shall probably see by-and-bye. This person, on receiving the anonymous epistle from the Mayor, sent for Mr. Davies one of the *accused parties*, and directed that gentleman “to cause the body to be disinterred, and to be examined by COMPETENT persons,” and the “competent persons” selected by Mr. Davies, were, HIMSELF, one of the surgeons who attended Mrs. Read during her labour, and one of the parties accused in the anonymous letter; Dr. Renwick, who attended Mrs. Read after her delivery; Mr. Jeffery, the gentleman who attended her from the day subsequent to her delivery, up to the period of her death; and Mr. Dawson, apparently a disinterested person, and whom we believe to be a highly respectable practitioner, but whose evidence on this occasion, we may at once dismiss, as it goes for nothing, he having sworn before the Coroner, that “on the examination of the body, he *could not say*, whether the instruments had been used *unskilfully or not*.” This being the honest declaration of Mr. Dawson, one must suppose, that it would have had sufficient weight with the jury, to induce them to bring in some other verdict than that of *manslaughter*: But who were the other witnesses examined at the Inquest, besides

these already named? Mrs. Lytham, the mother of the deceased, who makes nothing in the shape of an accusation against any one! THEREFORE the Jury returned a verdict of *manslaughter* against Mr. BARNARD SCANTON, upon the evidence of *three* of the medical gentlemen who had attended the patient, two of whom had attended her exclusively, from the day after delivery up to the period of her death, and the other had been consulted between nine and ten o'clock on the day of delivery. Strange to say, although this was the verdict, there was not in the published report of the proceedings of the Coroner's Inquest, a word to prove that Mr. Scanton had given the patient even a single dose of physic, or that he had once touched her with any instrument whatever! It was proved, indeed, that the forceps were applied by Mr. Kelly, which was sufficient to induce this Liverpool jury to bring in a verdict of manslaughter against Mr. BARNARD SCANTON, who, on the Coroner's warrant, was confined six weeks in Lancaster Castle! In our opinion, he ought to have indicted *some* of the parties for a conspiracy. Here is a non-medical coroner for you! Here an intelligent jury! The sun ought not to shine on a place in which such fools exist. Mr. Eld's charge to the jury must have been a curious performance. A verdict of manslaughter against Mr. Barnard Scanton! As well might the hobbes have brought in such a verdict against the man in the moon.

How did it happen that Mr. Davies, *one* of the *three* persons accused in the anonymous letter, was selected by this very clever and ingenious Coroner, to appoint the "competent persons" to examine the body? Again, how did it happen that Mr. Davies required the attendance of Mr. Jeffrey and Dr. Hewick, and yet altogether neglected to request the presence of Messrs. Kelly, Wood, and Scanton? There is something very odd, not to say suspicious, connected with this part of the business. At

all events, such conduct was neither liberal nor just. But in what terms can we adequately convey a correct opinion of the manner in which the Coroner discharged his duty. Was the man a supple tool in the hands of some designing knave or knaves, or is he a mere imbecile? Mark: he received a letter containing an accusation against *three* persons; he thought the subject demanded investigation, and accordingly selected *one* of the accused persons to appoint the *examiners*. An inquest was held; and, at that inquest, *one* of the accused individuals was permitted to give evidence against the *other two*. If the Coroner thought it right to consult Mr. Davies, why did he not also think it right to consult Mr. Kelly and Mr. Scanton? Let him answer this question. In the mean time we must tell him, that such conduct is not consistent with the due administration of justice. Had the Coroner, in this instance, been educated to the medical profession, and had he consulted, as he ought to have done, the whole of the practitioners who attended the patient, instead of confining his inquiries to *one* of the *accused* parties, we are persuaded that no disinterment of the body would have taken place, that the relatives of Mrs. Read would have been spared much unnecessary suffering, and the profession the scandal of such a proceeding. There is not the slightest ground for believing that the patient was improperly treated by either practitioner, and we earnestly recommend Mr. Jeffrey and Mr. Kelly to shake each other heartily by the hand, and henceforth to avoid, as they would Beelzebub, every Non-Medical Coroner.

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HUMBUG.

Jos BROWN presents his compliments to the Editor of THE LANCET, and begs to call his attention to the enclosed paragraphs. No. 1, he extracted from the "puff column" in the *Chronicle* of Monday last, and the

other has been penned by a friend, and forwarded to the *Post*; but as they have a smack of the medical, and are a tolerable match, J. B. would like much to see them in a page of his favourite Journal.

## No. I.

*From the Morning Chronicle.*

The Duke of Devonshire's grand party on Friday evening, at Devonshire House, and Mr. Pettigrew's Conversazioni in Saville-street, on Wednesday evening, were the most celebrated and numerous assemblages during the week. At the former, were all the distinguished persons of rank and fashion in the metropolis; and at the latter, most of the eminent philosophers and literary men. Many rare articles were shown at Mr. Pettigrew's, which we have not room to specify.

## No. II.

*Intended for the Post.*

His Majesty's grand party on Monday evening at Windsor Castle, and Mr. Pim's *Starve out*, in Boot-lane, were the only assemblages worthy of notice during the week. At the former were all the most ancient of the nobility, and at the latter, most of the eminent philosophers of Hounsditch and the Mirories. Many rare specimens were exhibited by Mr. P., among which were the bones of a shoukler, showing the effects of an unreduced dislocation of that joint—a MS. copy of an honest and impartial speech on "unprofessional conduct"—a patient, (very rare,) &c. &c.

# REVIEW OF MILLS ON MORBID APPEARANCES, &c.

(Concluded from p. 230.)

We must, however, extricate ourselves from this metaphysical episode, forced upon us by a silly application of analogy, by which any, or every thing, might be satisfactorily proved to those unacquainted with its fallacy, and find a temporary relief from the labyrinths of logic, in a case of recovery from phthisis, for Dr. Mills has his cases of recovery, as well as of death, from this fatal malady.

"*Case of Recovery from Phthisis Pulmonalis, in consequence of a change from a low to a generous Diet, and from Sedative Medicines to Wine and Cordials.*—Feb. 20, 1822. Mrs. —, ætat. 49, is pale, weak, and emaciated; sight im-

perfect; speech inarticulate: pulse feeble, frequent, and irregular; skin cool and constricted; tongue white; breathing oppressed. This lady has been living on a low diet, and has been using the tincture of digitalis for the cure of pulmonary consumption, under which she has been labouring for many months. Omit the digitalis, and give spiced wine. Haust eremat. Feb. 21st. Was revived by the wine; cough not quite so troublesome; expectoration of a greenish yellow; breathing less oppressed; no pain in the side or chest; pulse 120; some rest; body constipated; complexion sallow. Pil. hyd. cum. ex. col. C.; mist. acacie c. tinct. opii pro tuss; chicken broth and milled wine. Feb. 26th. Thinks herself stronger, and says her cough and breathing are relieved; pulse 116, more regular; dejections yellow and greenish; urine turbid. Takes chicken, and three or four glasses of claret daily. Contr. med. Feb. 30th. Refreshed and strengthened by the meat and wine; better rest; siccus saffron-coloured; urine laceritious. Is able, with a little assistance, to walk about her room. The temperature of her chamber is 60° to 61° Fahrenheit. Contr. omnia. March 12th. Gradual amendment; cough abated; expectoration cream-coloured, and sinks in water; hectic fever diminishing. Contr. March 30th. Takes wine, flesh meat, and animal broths or jellies daily. Says she is stronger: to relieve languor or oppression, takes occasionally the hartshorn or camphor mixture. April 20th. The recovery of flesh and strength is slow, but gradual; hectic fever abated. May 10th. Gradual improvement; seldom requires any aperient; cough not troublesome. June 16th. Has taken an airing in a carriage; an irregular low fever is still present, which, she says, is diminished by the use of wine and water, or by a drive into the country. July 10th. Was able to undertake a journey of seventy miles: is now in the west of Ireland, where she is recovering flesh and strength.

"*Commentary.*—When first called on to visit this patient, her pulse was preternaturally slow, her countenance pale, her eye fixed, and her speech inarticulate. The extremities were cold, the emaciation was considerable, and there was every appearance of approaching dissolution. Under these circumstances, I recommended wine and a cordial draught; on the day following, the pulse was improved, and the energies of the heart and nervous system were, in some degree, restored. The emaciation and faintness were ascribed to a low diet and the use of digitalis; a diet more nutritious was therefore allowed, and the digitalis discontinued; and as the wine already taken seemed to agree with the constitution, and to promote appetite and spirits, and as it

neither increased the cough nor hurried the respiration, it was administered daily in moderate quantity. Opium procured rest, eased the cough, and did not check expectoration. In this case, moderate doses of the pil. hyd. and ex. col. C., or of rhubarb and magnesia, were sufficient to keep the bowels free, and these were only occasionally exhibited, while, in the former case, from the torpidity of the abdominal viscera, it was necessary to give active purgatives daily. The heat of the apartments was preserved at a temperature from 60° to 61°. There was no accession of fever from the use of flesh meat, animal jellies, or wine. Mrs. — is now in the west of Ireland, where she enjoys a tolerable share of health. Feb. 1834.—This patient lived nearly three years after the time I first saw her." p. 139.

Alas! for the cure of phthisis. This recovery, we fear, may be added to the illustrious record of Mr. John St. John Long's convalescents. The very title of the case, "pulmonary consumption cured by mulled wine and chicken broth," leaves a doubt whether to attribute its publication to the hallucination of the public or that of the author. In the report of the case, which is miserably defective as a description of the pathognomonic symptoms of confirmed consumption, there are no morbid indications stated, which are not occasionally found in the aggravated forms of chronic catarrh. That the case was one of this kind, in which abstinence was assisted by the poisonous influence of digitalis, we have scarcely a doubt. When Dr. Mills was called in, the lady was, in fact, dying of inanition and of foxglove; this we conceive to have been her condition, from the immediate relief afforded by stimulants, and the omission of digitalis; for it could not possibly be supposed, that under any treatment or favourable circumstances of the disease, that convalescence could have been produced by a generous diet, aided by squill mixture! We do not deny, that recoveries have been effected from tubercular phthisis; there are many such well-attested cases on record; but we demur against the supposition, that such recoveries have been effected by any known medicine, or dietetic treatment. They are, in fact, entirely attributable to the power, inherent in some constitutions, of freeing themselves from tubercles, as they are of other diseases, by suppuration and cicatrization, and nothing less than the detection of cic-

trized ulcers in the lungs of this patient after her death, could convince us that she laboured under phthisis pulmonalis, at the time of her supposed recovery by Dr. Mills. These opinions we might severally corroborate by an examination of the symptoms detailed in the report; but we must waive all further proofs of our views, to make room for Dr. Mills's concluding estimate of the nature and treatment of pulmonary consumption:—

"The existence of lymphatic glands in the lungs, (the bronchial excepted,) has not been proved, but none deny the existence of lymphatic vessels. What are lymphatic glands but a congeries of lymphatic vessels, joined together by cellular texture! In the bronchiae and mesentery they are visible in a state of health; in the cervix, axilla, groins, arms, &c., they are visible only in a state of disease, and then they are denominated acrofoliaceous glands; so it is with the lungs, they, too, abound with lymphatic vessels and glands, but these are only apparent when enlarged by disease, and then they are designated acrofoliaceous tubercles; and whether in the lungs or the neck, they present the same symptoms and appearances. In a state of inflammation, we find heat, swelling, fugitive pains, accompanied by fever, high or low, according to the extent and number of the lymphatics affected; in a state of suppuration, a cheesy, curdy, or lympho-purulent matter; it appears, then, that these tumours in the neck, axilla, and lungs, though differently named, are no more than diseased lymphatic vessels, or evolved lymphatic glands; now, as in cases of inflammation of parts supplied with blood-vessels, a certain mode of treatment is often adopted with success, why not pursue the same practice in inflammation of the lymphatics, making due allowance for the difference of structure and function of the vessels and textures affected? Why bleed, blister, and prescribe aperients, mercurials, antimonials, and a low regimen in the one case, and a full diet, wine, bark, and chalybeates in the other? The reason is, that the disease of the lymphatics is called acrofolia, and acrofolia is supposed to be a disease of debility: this is a capital error, and, in its practical consequences, replete with mischief. No doubt acrofolia often appears in the young and debilitated, but does it not as often appear in the strong and robust? Look at the peasant and soldier of these countries, more especially in the northern districts, and in many, perhaps, even in the majority, will be found marks of acrofolia in the neck, axilla, or in other parts of the body, yet, where on this globe are to be

seen a braver, or a more robust, and herdy race? It is true we daily witness this disease in the rickety, the puny, and debilitated, but then we see it in all its virulence, and in its advanced stage; but, let us only look back a few months or years, and contrast the then lively looks and healthy air of the individual who now appears before us, wan, dejected, emaciated, and does it not prove that the health was broken down by disease induced or developed, and subsequently, as too often happens, neglected or mismanaged? Does it not further show, that the views taken of this complaint are ill founded and visionary? The digestive organs, it is said, are weak; why then excite and stimulate them by animal food and fermented liquors, and give them a task they are not able to perform? The secretions are deficient and vitiated, and the bowels torpid; is this the time to administer bark, steel, carbonate of lime, remedies which, under such circumstances, are calculated to check the secretions, and aggravate the disease, which consequently becomes protracted and difficult of cure: from its long continuance, the body is still more debilitated, and, when the mesenteric glands are inflamed or suppurated, the fountain of nutrition is, as it were, dried up: in such a case, to order a full diet and tonic medicines, is losing sight of the disease, and prescribing for its effects, hence the numerous failures and the despair of practitioners, as to finding any remedy for the cure of scrofula, and hence the deformities, or death, so often observed to follow its attacks. This complaint, when occurring in the lungs, is called scrofulous or tubercular phthisis; these epithets are objectionable, because associated with the idea of debility, or of some undefined acrimony of the fluids, they give rise to a practice wavering and injurious: the main object is to discover its nature, for thus ascertained, the treatment will be scientific, and, if not successful, will be innoxious. Were I allowed to form an opinion on this subject, grounded on observation and experience, I would say that the scrofulous tubercles of the lungs are lymphatic vessels, or a congeries of lymphatic vessels, called glands, in a state of inflammation and suppuration, consequently that the epithet lymphatic would be more appropriate, as it at once expresses the seat and nature of the disorder, and directs the practitioner to a rational mode of treatment." p. 121.

There is scarcely an opinion advanced in this pathological manifesto, which is not of the most questionable kind, and which, if true, really belongs to Dr. Mills. Our space, however, does not permit us to examine its

data and deductions respectively; we must merely remark, that its whole tendency is to prove that phthisis is a disease of the lymphatics, and that every fact and analogy is strained to answer the purposes of this theory. This, no doubt, may be the case, but we are neither satisfied with the style of the proof, nor with the statements on which it is founded. The point to which we wish to turn attention, at present, on this subject, is the extreme disingenuousness of advancing a doctrine as original, and of which Dr. Mills appears to think very highly, when he must have been well aware, that it was as old as Sylvius, Ilipfer, and Tralles, and is the identical theory preached at this very moment by that "new light" in medicine—the redoubtable Broussais, of Val de Grace. In borrowing a doctrine of so much importance as Dr. Mills represents this to be, he ought surely to have given the credit of its invention to the proper owner; and, on the other hand, in opposing it to the well-known views of Laennec, who, we believe, is now followed on this subject by the majority of the profession, Dr. Mills should have at least condescended to notice the discrepancy of opinion between them, if he had not endeavoured to afford more substantial reasons for his dissent. Upon this subject Laennec is positive, as he states at the conclusion of his able and eloquent discussion on phthisis, that "We are authorised to conclude, that tubercles are not the production of any one of the constituent textures of the lungs," but rather the result of the general condition of the body. We are convinced there is as little ground for supposing tubercles to be diseased lymphatics, as there was for believing them to be "inorganic mucus" with Dr. Rush; "obstructed exhalants" with Dr. Reid; "hydatis" with Dr. Baion; "a secretion of cellular substance in a state of sanguineous congestion," with Lombard; or, in fact, any of the other hundred textures put forward from time to time as the seat or substance of tubercles. We now come to the fourth and concluding section of Dr. Mills's labours, containing cases and dissections of diseases of the heart. In the introduction to this part of the volume, he takes an opportunity of remarking the frequency of confounding cardiac with nervous affections—the error of treating these inflammatory complaints of

the heart, by tonics and stimulating diet—the mistake of attributing angina pectoris to an ossification of the coronary arteries of the heart, never having met with these arteries in this condition—the contemporaneous appearance of rheumatism of the joints with complaints of the heart, requiring the most active treatment when accompanied by distress of breathing—and, lastly, the comparative prevalence of inflammation as a cause of the diseases of the heart, over every other source of derangement in this organ. We must again claim an exemption from the duty of pointing out in detail the diseases to which these observations refer; they are by no means very clearly described in the text, and we conceive we can accomplish our purpose by the transcription of a single case:—

*“Case and Dissection.—Considerable Enlargement and Inflammation of the Heart, Hydrops Pericardii, &c.—Jan. 10, 1819. Mr. D——, æt. 36, has been ill six months, during which time he complained of the following symptoms: dyspnoea, shooting pains in the heart, oppression and palpitation, feverishness, cough attended by mucous expectoration, sometimes tinged with blood, fugitive pains throughout the thorax, and, latterly, an acute pain in the lower part of the sternum, which comes on at uncertain periods every second day, every day, or oftener, and is frequently accompanied by pain in the biceps muscle of the left arm, and by a sense of suffocation or faintness. Some weeks before this there was orthopnoea, and the pulse was weak and intermitting; at different periods he complained of pains and uneasiness in the stomach and bowels, of flatulence, acidity, and occasionally of nausea and vomiting; towards the close of the attack, dysenteric symptoms made their appearance, and there was considerable throbbing of the arteries of the head, neck, and temples. At the onset, this attack was called nervous; and bark, wine, and tonics were administered, subsequently, a different view was taken of the disease, and the remedies employed were aperients, blisters, blood-letting, digitalis, anodynes, &c.—Jan. 11th. Dissection by Mr. M'Namara and Mr. Hyde. Stomach and intestines considerably distended with flatus. Several patches of a florid colour are observed upon the internal and external coats of the stomach, and these patches are thickened and pulpy. Spleen preternaturally vascular. Between the pleura pulmonalis and costalis of the right side, are numerous strong adhesions; the right cavity contains about half a pint of serous fluid; in*

*the right lung is found a large quantity of mucus tinged with blood; its lower portion is hepatized, and adherent to the diaphragm. Left lung healthy; in the left cavity are contained four ounces of a watery fluid. Heart nearly thrice its natural size; it fills up a considerable portion of the space under the sternum. Pericardium contains about three ounces of a serous fluid; its coats, external and internal, bear marks of arterial excitement and venous congestion. The heart is florid and highly vascular; the left auricle and ventricle are considerably larger than the right; upon the left ventricle are two or three red and irregular patches of a granular feel; the valves are sound, those of the aorta excepted, which are hard and contracted.*

*“Commentary.—Here the first symptoms indicated inflammation of the heart, as pain, dyspnoea, fever, palpitation, cough, and mucous expectoration; next came on symptoms of effusion into the cavities of the chest; the lungs also exhibited marks of excitement and congestion, and while these morbid appearances serve to account for the phenomena referrible to the chest, they likewise show the nature of the disease, and the remedies that should have been employed. To the inflamed and congested condition of the stomach and small intestines, we may ascribe the nausea and vomiting, the dysenteric affection, &c. In this instance, symptoms of angina pectoris presented themselves, yet on dissection there was found no ossification of the coronary arteries.” p. 209.*

We expected to be able to balance the account of this and the other fatal cases of diseases of the heart, with which this portion of the volume abounds, by one of recovery from chronic inflammation of that organ; but we perceive we have far exceeded our limits, and must endeavour to introduce, in our remaining space, Dr. Allen's defence against that exclusion of reference to other writers, by which his book is so supereminently characterised:—

*“If,” he says, in a note, “it be now asked, how comes it to pass, that in the course of this work no extracts have been made from the writings of such celebrated pathologists as Morgagni, Baillie, Corvisart, &c.? the reply is, the writings of these eminent persons are in the hands of every student; and many are of opinion, that extracts rather tend to confuse the reader, than illustrate or confirm the views of the author, and frequently render a work too voluminous; besides, such a plan would have been foreign to the purpose of the present undertaking, which was, to give solely the result*

of my own observation and experience, and to submit it, with all its faults, to the judgment and censure of the public: to this purpose I have steadily adhered; I have consulted only the book of Nature, that pure and fertile source of all that is useful, and of all that is beautiful and great."

These may appear very satisfactory reasons to Dr. Mills for omitting the labours of other writers; but we fear they will not appear so to many of his readers. Deeply as he is impressed with the importance of consulting the "book of nature," alone, the fruit of these exclusive consultations indicate, that so far as the public were concerned, the publication of his conferences with Nature might have been spared. Had he consulted some books of art instead of these monitors, a little reflection, would have enabled him to arrive at the obvious truth, that, to travel over the ground explored by previous enterprise, is not to extend the boundaries of scientific discovery;—and that to assume the merit of originality in these secondary excursions, by suppressing the names of those adventurers who smoothed the path and led the way, is an imposture without the prospect of any possible fame, because of the certain detection which must attend it.

## UNIVERSITY OF LONDON.

### DISTRIBUTION OF PRIZES TO THE MEDICAL STUDENTS.

THE medical session of the London University closed on Saturday the 23d, with a distribution of medals, honours, and books, amongst those students whose acquirements proved them, on competition, to be deserving the reward. The scene was one of an extremely gratifying nature, and must have been peculiarly so to those gentlemen by whose exertions this admirable institution has been brought to its present eminence. The distribution took place in one of the lecture rooms, in the presence of more than 800 persons. The Marquis of Lansdowne took the chair, and at the table on the floor of the theatre sat many noblemen and gentlemen of distinction; amongst them were the Duke of Somerset, Lord Auckland, Lord King, Lord Sandon, Lord Ebrington, Mr. Brougham, and Mr. Thomas Moore. The entrance of Mr. Brougham was very loudly cheered. The medical professors ranged themselves on each side the Chair.

The noble Chairman opened the business of the meeting with a few words explanatory of its object, after which the Warden stated the nature of the prizes, and the course which would be pursued in their distribution. A series of questions had been prepared by each of the professors for the particular class over which he presided, a copy of which was given to each competitor on occasion of their assembling in the examination room on a previous day. The answers were written immediately, and without the opportunity of the student's consulting references of any kind to assist his replies. To each answer a motto was attached, and it was then sealed without signature. These answers were collected by the professors, and taken by them separately for private judgment. The same mottoes, with signatures of the owners, were afterwards sealed and delivered to the Warden. The disclosure of these was reserved for the present occasion, and on, the professors declaring the mottoes which had been accompanied by the best answers, the notes in possession of the Warden were opened, and the name of the successful candidate announced. Previous to this proceeding the Warden stated, that the medals were not yet ready for delivery, but that the students would receive certificates, entitling them to receive them on a future day. These were engraved and filled up at the time, and were signed by Lord Auckland, and some other member of the Council.

A report from the medical professors to the Council, was also first read by Mr. Horner. It enlarged on the great advantages which the University presented, especially by affording students the opportunity of studying, under one roof, all the branches of medical education; stated the diligence of the students, and detailed the principles upon which the questions had been put, and the prizes awarded. The distribution of the prizes then proceeded. They consisted of eight gold medals, and sixteen silver, the gift of the University, and some books, the private gifts of the Professors. The successful candidates were,

In Professor BELL's class (Physiology).

Gold Medal.—Mr. George Atkinson, of Sheffield.

First Silver Medal.—Mr. Robert Garnez, of the Staffordshire Potteries.

Second Silver Medal.—Mr. Benjamin Phillips, of Newport, Monmouthshire.

In Professor PATRISON's (Anatomy).

Gold Medal.—Mr. John Jones, of Kidderminster.

First Silver Medal.—Mr. Benjamin Phillips.

**Second Silver Medal.**—Mr. Frederick Duckham, of Falmouth.

Mr. Pattison highly complimented Mr. Jones on the answer he had given, a part of which he read to the meeting, and stated, that no anatomist could have given a better reply to the question put to him.

**In Professor BALL'S Surgery Class.**

**Gold Medal.**—Mr. Benjamin Phillips.

**First Silver Medal.**—Mr. Thomas Horatius Cannan, of London.

**Second Silver Medal.**—Mr. Robert Garner.

**In Professor CONOLLY'S Class (Nature and Treatment of Diseases).**

**Gold Medal.**—Mr. George Atkinson.

**First Silver Medal.**—Mr. W. M. Richards, of Norwood, in Surrey.

**Second Silver Medal.**—Mr. William Gill, of Nottingham.

**In Professor DAVIS'S (Midwifery).**

**Gold Medal.**—Mr. George Atkinson.

**First Silver Medal.**—Mr. Alfred Wainhouse, of Halifax, Yorkshire.

**Second Silver Medal.**—Mr. Wm. G. S. Clack, of Clarendon Street, London.

Dr. Davis remarked of the answer which had obtained the gold medal, that he doubted whether he could have replied to his own question with so much ability himself. It evinced immense application on the part of the student, whose first year of study this was in any medical school.

**In Professor THOMSON'S (Materia Medica).**

**Gold Medal.**—Mr. Robert Garner.

**First Silver Medal.**—Mr. Frederick Duckham.

**Second Silver Medal.**—Mr. George Atkinson.

Dr. Thomson stated, that the student to whom the gold medal was awarded, had done himself much honour by his reply, and that he had not only shown in it great memory, great judgment, and the result of extreme application, but a knowledge much beyond that he could have been led to expect from any student in the school. To these medals he also added some gifts of his own, as presents to Mr. Henry Cooper, of Traaby, Yorkshire, and Mr. William Bartley, of Great Bedwyn, Wilts, for the excellence of their answers to the same questions.

**In Professor TURNER'S (Chemistry).**

**Gold Medal.**—Count Calhariz, of Lisbon, son of the Marquis Palmella, Portuguese Ambassador.

**First Silver Medal.**—Mr. Edwin Jno. Queckett, of Langport, Somersetshire.

**Second Silver Medal.**—Mr. Henry Plank, of London.

On the presentation of the certificate to Count Calhariz, Mr. Turner observed to the noble Chairman, that he believed if the students had themselves had the prizes to confer, that this was the gentleman to whom they would all have given it. Chemistry was the only class connected with the present occasion, in which the young Count had been studying. And in testimony of the high merit of Mr. Henry Cooper, the professor awarded him a literary present as his own gift.

**In the Class of Practical Anatomy, J. R. BENNETT, Esq. Demonstrator.**

**Gold Medal.**—Mr. Benjamin Phillips.

**First Silver Medal.**—Mr. Frederick Duckham.

**Second Silver Medal.**—Mr. John Jones; and a present of books, the gift of Mr. Bennett to Mr. Henry Cooper.

The whole of the students received their presents from the Marquis of Lansdowne, amidst much applause from the audience.

The names of the students to whom honours had been assigned, and who were very numerous, were then read. (One student, Mr. Henry Cooper, obtained honours in all the classes (seven) in which he had been a competitor. The medical students in the University during the session, amounted to 183; of these 65 competed for medals and honours, and 52 obtained them.

The Chairman closed the meeting with a few observations on the interest attaching to the occasion, and expressed his hope of the successful career of the students. "I should think it an injustice to the candidates who had not succeeded in their efforts," said the noble Marquis in conclusion, "if, after the opinions of the Professors with regard to them, I did not say, that I trust their failure will not operate as any discouragement to their future exertions. I urge them to persevere in their studies, because I am persuaded, from the little I know of science, that the reward of medical studies are of all honours the most permanent and satisfactory; and it is these studies which are likely to be attended with the most complete success. I hope that what has passed here this day, will operate as an incentive to all who have witnessed it, to assist by their efforts in the success of this institution." He thought that some compliment was due to the medical officers of the University for their exertions; and, on the motion of Lord Auckland, seconded by Mr. Brougham, the thanks of the meeting were voted to them with applause.

## TRANSFUSION.

THE earliest account of the subject of transfusion that I have met with, is in the seventh Number of the Philosophical Transactions, published in 1666, where, it appears, that Christopher Wren proposed to the University of Oxford, that he thought he could readily contrive a way to convey any liquid immediately to the mass of circulating blood. The proposition being made, Boyle planned an apparatus for the purpose of trying the experiment, the result of which was, that the effects of the poisons used by them, and carried directly into the circulation, were the same as if they had been taken into the stomach. This, and similar experiments, doubtless led to the transfusion of blood from one animal to another, the priority of which, like most experiments of importance, has been claimed by more than one. Some French writers will have it, that the subject was spoken of by a Benedictine friar, some ten years before the trial made by Boyle; but, however, as no account was ever published previous to that in the Philosophical Transactions, and I think a subject so curious could not have remained dormant so long, without ingenious men taking it up, that the merit ought to be bestowed on Wren, as the first who conceived the thought, and that Boyle is deserving of the credit of having successfully executed it.

In a pamphlet, published in Paris in 1668, the writer observes, that he does not dispute the priority of the operation with the English, but insists that the religious Benedictine, (whom I before mentioned,) Pere Dom Robert des Gabets, mentioned the idea of transfusion, to an assembly of learned men, in the year 1658.

Boyle, in his work on the "Usefulness of Experimental Philosophy," mentions, that a Foreign Ambassador, "a curious person, at that time residing in London," called on him and informed him, "he had caused trial to be made of the infusion of the crocus metallorum, upon an inferior domestic of his, that deserved to have been hanged;" but, however, this servant was a cunning fellow, for as soon as the experiment had commenced he pretended to swoon, which put a stop to the operation.

A Frenchman, of the name of Denys, first attempted the transfusion of blood into the veins of the human subject; this was shortly after repeated in England by Lower and King. You will find, however, numerous accounts of experiments of transfusion in dogs, sheep, &c., in the earlier numbers of the Philosophical Transactions, particularly in Nos. 20, 25, 26.

Among the numerous effects said to have resulted from transfusion, I may mention

the following:—An old dog, on receiving a quantity of blood from a young one, "did leap and frisk, whereas he was almost blind with age before, and could hardly stir."<sup>a</sup>

A horse, 25 years of age, having received the blood of some rains, became more vigorous, and ate with more appetite than before.

A person, dull and sleepy, after being repeatedly bled, received a quantity of the vital fluid from a lamb, and immediately became light, gay, and cheerful.

A man was cured of an inveterate madness in three months, by transfusion.

A spaniel bitch, twelve years old, a little while after some blood from a kid had been conveyed into her veins, "grew vigorous and active, and, in less than eight days, even proud."

Transfusion was strongly recommended by many foreign authors, particularly to old people, as it is said it would arrest the course of their destinies, and defend them from death. But Lamy opposed it, on the ground that all internal diseases were caused by the impurity of the blood. This opposition gave rise to a great deal of discussion, in which Lamy was severely handled.

But the most extravagant idea was that advanced by M. Denys, the great supporter of the operation of transfusion. "If wine," says he, "is too bitter, we sweeten it; if thick, we are able to refine it; if weak, we can make it stronger; if full-bodied, (gross,) we can make it less so; and, in a word, that which is spoiled may be corrected by the mixture of certain liquors, which are known to many, and which they practise every day:—So with the blood, if it be too coarse, (grossier,) we can soften it, and render it more penetrating; if too fluid, we can make it less so; if too hot, more temperate; if too cold, we can raise its temperature; and all this by means of certain bloods, the particular qualities of which are known to those who prescribe them."

Lamy considered, that the blood of animals differed in its properties, and that which was suited to the ox was not fit to nourish man. This observation is correct, but, however, he carried his ideas so far as to suppose, that wool would grow on the human body if the blood of sheep had been transfused into human veins. "It is proper," says he, "that care be taken not to wound the soul, by curing the diseases of the body, and not to employ a remedy to blunt the perceptions, and give the patient brutal inclinations, not at all conformable with his nature. For the inclinations follow ordinarily the constitution of our blood, and the inequalities which we meet with in the

<sup>a</sup> Journal des Savans, No. 5 or 6.

minds of men, are owing to the diversity of their blood, which furnishes them with understanding more or less proper to the clearness of perception, and faculty of acquiring knowledge." "I conclude," he adds, "that a man who has received the blood of an inferior animal in his veins, becomes dull, and loses his wit, and despoils himself of his proper inclinations, and puts on those of that beast.\*" This opinion of Lamy's met with many friends. In Blundell's *Physiological Researches* it is said, "When the blood of one genus of animals is added in small quantities to that of another genus, by transfusion, we have reason to believe, in the present state of our knowledge, that no dangerous consequences will ensue."

No subject caused more disputes, or greater animosity at the time than transfusion. Men were hired by one party, dressed grotesquely with fools' caps on their heads, who mounted stages, and vomited forth all kinds of abuse on the heads of the unfortunate Denys, and other physicians who supported it. Satirical pamphlets became very numerous; among which I may mention one entitled "*L'Ombre d'Apollon, decouvrant le abus, de cette pretendue Maniere de guerir les Maladies par la Transfusion du sang.*"

The wife of a madman requested Denys to perform the operation of transfusion on her husband, which, being complied with, the state of the patient, it is said, was greatly improved; a relapse followed, when transfusion was repeated with the like success. Again the madman fell into his former state, and, at the urgent entreaties of the wife, Denys was induced a third time to transfuse a small quantity of blood into the veins of his patient. The result was, that on the following morning the man died, and the wife refused to permit the body to be inspected; and not having the means to defray the expences of a funeral, she walked the streets of Paris, requesting alms of those she met for that purpose. This soon caused the death of the individual, with the circumstances connected with it, to be noised abroad. The enemies to transfusion had now a fine field open to their attacks, they neglected not this favourable opportunity, and many defamatory libels against the faculty of medicine followed. Denys insists that the woman was bribed to give false evidence concerning the death of her husband; be that as it may, the case came on before "*Monsieur le Lieutenant Criminel*" in April, 1668, whose sentence was, that any person performing the operation of transfusion, without the proposition having

been made, received, and approved by the Faculty of Medicine, should be sent to prison. It appeared subsequently, that the woman had administered a dose of arsenic to her husband. This affronted the dignity of the court physician; a trifling attempt was made to upset this decision, but the subject shortly after coming under the consideration of the Chamber of Deputies, they put on such heavy restrictions, that the matter became gradually neglected, and, I might add, almost forgotten, till revived by Dr. Blundell a few years since. I may mention here, that in a paper published in the *Bibliot. Univ.*, I think, in 1821, by Provost and Dumas, entitled, "*Examen de Sang et de son Action*," &c., some remarks are made on transfusion. Their view of the subject differs from Dr. Blundell in this particular, viz., that the fitness of the blood of one animal to the uses of another of a different species, depends entirely on the formation of the globules.

For instance, if we inject blood with circular globules in the vessels of a bird, whose blood contains globules of an elliptic shape, the animal ordinarily dies, violent nervous action coming on, which may be compared to what we observe when active poisons have been administered. They conclude, that transfusion on man ought to be condemned as absurd and dangerous, till we have a better knowledge of the active principles of the blood.

JOHN P.—E.

#### GUY'S AND ST. THOMAS'S HOSPITALS.

To BENJAMIN HARRISON, Esq.

SIR,—In addressing these few lines to you, permit me to assure you, that I am actuated by no unworthy motive; nothing but a sincere regard for your reputation, and a sense of justice, impels me to trespass on your attention.

For more than a quarter of a century, you, Sir, as Treasurer, have had the sole direction of the executive of Guy's Hospital, and it is only due to you to acknowledge, that on no occasion have you been wanting in the adoption of any means calculated to advance the interests of the school connected with that institution; so strenuous and unremitting, indeed, have been your exertions, that some have had the audacity even to imagine, that you participate in the profits arising from it, a supposition which, whether founded in truth or not, it is not my present purpose to inquire; though I may remark, that it is probably owing to the peculiar nature of the government of Guy's Hospital, as it at present exists, that such

\* Lettre écrite à Mons. Moreau, par G. Lamy, A.M. en l'Université de Paris, 1667.

an idea should have obtained currency; for though professing to be under the direction of sixty Governors, it is notorious that you, as Treasurer, nominate those Governors, and that, from the first moment of your taking the office, up to the present, you have exercised the most absolute and irresponsible control over the funds and officers of the establishment; and I sincerely believe, that one of the highest objects of your ambition, with which, perchance, some feeling of interest may mingle, is to advance the school of Guy's Hospital beyond every other in this metropolis. Now, Sir, I am willing to admit that such a feeling is laudable, provided, in the endeavour to attain your object, there be no violation of any duty owed to any similar institution. It is a peculiarity in the will of Mr. Guy, that the nominal governors of his Hospital should be chosen from amongst the governors of St. Thomas's, and, therefore, even you, the despotic ruler of Guy's, were necessarily a governor of St. Thomas's before you could fill the regal chair of Guy's. You are still a governor of St. Thomas's, and not only a governor, but yourself and brother are members of the Committee of St. Thomas's as well; not merely members, but active, very active, in your interference in every question involving the prosperity of the Hospital, or the interests of the school connected with it!

So long, Sir, as the two Hospitals of St. Thomas and Guy were united, no great objection could, perhaps, be fairly made to the governors of the latter interfering with the management of the former. The relative position, however, of the two Hospitals has, within the last five years, been entirely changed; they are no longer united; nay, more, they are, in consequence of their separate schools, in direct opposition to each other, and whatever tends to advance the success of one, must necessarily diminish the prosperity of the other.

You, Sir, who have so often been known to declare, that the success of Guy's school is dear to you as the apple of your eye,—I say you, Sir, by this disunion of the two Hospitals, must have found yourself placed in a peculiarly delicate position, filling, as you do, the anomalous situations of sole director of the destinies of your own darling bantling, and member of the Committee for the management of its opponent! Here, then, I must confess my surprise, that it never suggested itself to your delicacy, your honour, or your honesty, that it was out of the ordinary course of Nature to suppose, that, thus situated, you could administer equal justice to both. I do not know whether you may chance to be a chess player, but if you are, and have ever attempted to play the right hand against the

left, you will readily understand how difficult it is to abstain from prejudice in favour of one or the other. The scriptures, too, tell us, that a man cannot serve two masters: "You cannot serve God and Mammon;" and I take the liberty of telling you, that you cannot, even giving you credit for the purest intentions, fulfil your duty impartially, towards the opponent schools of St. Thomas's and Guy's Hospitals. The line of conduct which, being so situated, you ought to pursue, appears to me to be so clearly marked out, that I can only account for your not having adopted it, by believing that you still continue to intermeddle with the affairs of St. Thomas's, in the hope of lessening the prosperity of its school through the paltry means of harassing its officers by vexatious legislation, and thus endeavouring to afford an indirect occasion for triumph to that of Guy's, with which you are so nearly and dearly allied. Anxious, then, to rescue your fair fame from the slightest breathing of suspicion, I cannot take leave of you without suggesting the propriety of yourself and brother (in case you cannot absolve yourselves from your office of governors of St. Thomas's altogether) withdrawing yourselves from taking any part in the direction of that institution for the future.

I have the honour to be, Sir,  
Your obedient servant,

SCRUTATOR.

P.S. Should the advice I have thought it my duty to offer to you, not be followed, I shall have the honour of addressing you more at large on the subject.

## ST. THOMAS'S HOSPITAL.

### DROPSY OF THE RIGHT OVARY.

SARAH KELLY, 38 years of age, a woman of emaciated appearance and sallow complexion, was admitted into Doreen Ward, No. 11, on the 30th of April. Is married, and has had eight children, states that about ten months ago, soon after confinement for her last child, she first perceived a small swelling on the right iliac region, about the size of an orange, which did not cause her much inconvenience until about seven months since, when it became painful on pressure, especially now down on the left side, which was harder than at any other part. The swelling has been gradually increasing in size ever since, and now occupies nearly the whole of the abdomen. Fluctuation is very evident, but the fluid is apparently contained in separate cysts, as there are slight elevations at some parts, and

cially at the left epigastric region. There is an eruption of purpura of a livid brown colour on the inside of each thigh; legs slightly oedematous; and small, ill conditioned ulcers on the right ankle and foot; urine very scanty; menstruation regular, but has a sanguineous discharge from the vagina in the intervals. Conjunctiva of eye loaded with bile; appetite good; bowels relaxed; says her stools are of a very light colour. Breath not affected; and can lie flat on the bed. Pulse 78, small and compressible; ordered to apply a blister to the left side of the abdomen, and to take of—

*Blue pill*, six grains.

*Powder of squill*, one grain.

*Ext. of opium*,  $\frac{1}{2}$  of a grain.

every six hours. Meat daily.

May 1. Pain not so severe. Has passed a tolerable night; urine more abundant. Pulse 88, rather more full. Bowels have been moved only once. Tongue rather white. Appetite pretty good. Half an ounce of castor oil is required to-morrow morning.

2. Slept comfortably. Has not so much pain, but a sensation of bearing down. Bowels open. Pulse 92.

4. Has obtained but little sleep from pain of the abdomen, tenderness of the abdomen on pressure at the lower part. Pulse 106, quick, but compressible. Bowels open. Tongue white, gums rather turgid. No appetite. Arrow root, sago, and syrup. Sixteen leeches to the abdomen.

6. Has slept well, and is free from pain. Abdomen not diminished in size. Bowels freely purged. Tongue white. Pulse 106, less sharp. Gums more sore. Dr. Roots ordered her to be tapped.

8. Still going on well. Bowels open. Pulse 100, soft. Was tapped this day by Mr. Tyrrell, and thirteen quarts of thin fluid drawn off.

9. Has passed a restless night, and complains much of pain in the abdomen this morning. Ordered by the apothecary to take of—

*Tincture of opium*, five minims.

in an effervescing draught every three hours. Eighteen leeches to be applied to the abdomen.

3 P.M. Pain still severe over the whole abdomen, and great tenderness on pressure, with frequent vomiting. Tongue white. Pulse 118, very small.

*Submuriate of mercury*, five grains.

*Extract of opium*, half a grain.

immediately, and to be repeated every four hours after. Twelve leeches to the abdomen. She became gradually worse, until six in the afternoon, when she expired.

*Examination of the Body, forty-three hours after death.*

Patches of inflammation were found over the whole of the peritoneum, lining the parietes of the abdomen, with several deposits of lymph, and greater vascularity than usual of the peritoneal covering of the intestines. The ovarian cyst was of large size, lying loosely in the abdomen, and originating by rather a small peduncle, the lining membrane highly vascular. It contained one large cyst about the size of a cricket-ball, situated at the lower part, and several smaller ones at different parts filled with fluids of various consistence; some jelly-like, others more liquid, the uterus and left ovary were perfectly healthy, as were all the rest of the abdominal viscera. Old adhesions of the pleura pulmonalis to the pleura costalis on each side. But the substance of lungs healthy, and nothing further perceived in the thorax different from what is usually observed in health. The brain was not examined.

ST. BARTHOLOMEW'S HOSPITAL.

ANEURISM OF THE THORACIC AORTA.

WILLIAM LYBALL, æt. 44, tall, slender, and of a dark complexion, was admitted into Rahere's Back Ward, under the care of Mr. Lawrence, July 11, 1838, labouring under aneurism of the thoracic aorta. The aneurism was on the left side, and opposite the two last dorsal vertebrae. The pulsation on admission, and ever afterwards, was perfectly distinct, though the tumour never increased to any very considerable size. Aperients, such as sulphate of magnesia, senna, colocynth; and opium, digitalis, and venesection from time to time, as circumstances required, constituted the treatment until May 15, in the present year. Occasionally, for many weeks together, the patient felt much better, and was but little in bed during the day-time, though he could not venture to leave the hospital, so by any exercise, even, indeed, by walking up and down the ward, the circulation became hurried, and he felt worse. Long before death the tumour disappeared, but the pulsation was still felt, and the absorption of part of the vertebrae and the ribs distinctly apparent. About nine o'clock in the evening, May 15, while in bed and conversing with his wife, who stood by his bed-side, he said he must go to the water closet, but that he should first take two or three turns in the ward. He got up, walked backwards and forwards a little, and then retired to the closet. In the act of straining to obtain the

evacuation, he felt a slight pain in the chest, which was immediately followed by a spitting of blood. He then made his appearance again in the ward, spitting blood profusely, and evidently very ill. By the assistance of the sister he walked to his bedside, but refused to sit down upon it, saying, if he did, he should be choked. He leaned upon her shoulder, continuing to vomit blood, (for the spitting soon increased to vomiting,) and, in less than ten minutes, sunk upon the bed lifeless.

A few days previous to his death, he complained of being much worse, and requested the nurse to send for the dresser, as he thought himself dying. When the dresser arrived, he found the patient quicker than usual, and the patient certainly not so well as when he had before seen him, but without any indication of approaching dissolution. It occurred to him on leaving, from the smell, and some other circumstances, that the unfortunate man must have been taking spirits. The nurse accordingly made a search, and in a kind of secret drawer within the locker for keeping bread and little articles of patients, placed at the head of each person in the wards, she found a great number of eggs, and a wine-bottle half full of gin. She was then informed by some persons in the same ward, that he had lately been eating eggs, and was almost, if not altogether intoxicated a day or two before.

#### *Post-Mortem Examination.*

Mr. Lawrence examined the body on the following morning at seven, A.M. It was a large aneurismal sac of the aorta, behind the lesser muscle of the diaphragm, and opposite the two last dorsal vertebrae. It had burst into the left lung, and thus occasioned suffocation. The intervertebral substance of the vertebrae was absorbed to the same extent as the vertebrae, which was very considerable. The attachment of the last rib to the vertebrae was wholly, and that of the next to it almost wholly, removed by absorption. The ribs and surfaces of the vertebrae were smoother than usual. In the posterior part of the sac were large clots of coagula marking the spontaneous curative process. In parts of the sac, and in parts of the aorta, there were patches of ossified matter.

Several ounces of fluid escaped from within the theca vertebralis. There was infiltration of the arachnoid membrane of the brain, and a slight quantity of water was found in the ventricles. The organ, however, was healthy.

#### CLIMATE OF EGYPT.

Dr. PARISER, a French physician, who has been residing for several months in Egypt, for the purpose of making observations on the climate, gives it as his opinion, that the notion generally entertained of the insalubrity of that country is erroneously founded. He considers Egypt as, in reality, a very healthy country, and that the air is only vitiated in some parts by the absolute want of the most simple sanitary measures. The carcasses of animals, for instance, are every where abandoned to putrefaction, even, indeed, in the very centres of the most populous towns. He states that he ascertained, during his residence at Assouan, that the plague is not endemical in Nubia, and that the disease so termed, is only a species of intermittent fever.

#### LITERARY INTELLIGENCE.

Dr. TOWNSEND of Dublin, has nearly ready a translation of M. Audral's work on Pathology, *LECONS*, by an arrangement with the French publisher, to send the sheets as they come from the press.

#### TO CORRESPONDENTS.

Communications have been received from Mr. Congreave—Mr. Head—X.—An Unfortunate Sufferer—Mr. J. Daly—Mr. T. Williams—Mr. S. Hood—Mr. Adams—Mr. H. Rowe—Dr. Gratton—Necessitas—Mr. A. Delomel.

There is no law to prevent Necessitas from practising as a surgeon, in any part of England, even if he have no diploma from the College of Surgeons.

A Junior Subscriber. Time, two years. Expense, with rigid economy, about two hundred pounds. The "proper steps" we cannot well explain in this place.

We thank "An Admirer of The Lancet," for his kind and temperate letter. His letter will be acceptable.

Mr. Craig. Malt Liquor. The effects of the practice he mentions are so various on different persons, that it is impossible to give any satisfactory general explanation.

Jas. F. C. Medical Botany, edited by Dr. Stephenson and Mr. J. M. Churchill, is now published by Mr. Tilt, 58, Fleet-street. The work has received, and merits, general encouragement.

If we were to insert Mr. Stephens's reply to his ass of a reviewer, thousands would then read what has only now been seen by some hundred and fifty persons. Mr. Stephens ought not to be annoyed by the rapid trash of such a stupid animal.

We should like to address a private note to Toddle Fry.

# THE LANCET.

Vol. II.]

LONDON, SATURDAY, JUNE 6.

[1872-9.

## LECTURES

ON THE

DISEASES OF WOMEN AND CHILDREN:

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

### LECTURE XXVIII.

#### *Of the Hemorrhoids of Women.*

WOMEN frequently become the subjects of diseases of the rectum, and though they do not belong, in strictness, to obstetrics, yet I am induced to make a few remarks upon them, as they are brought more especially under the notice of the accoucheur. When a woman becomes the subject of hemorrhoids, she has tumours lying externally or within; hence the disease has been divided into the *external* and *internal*. The cause of these hæmorrhoidal swellings is not always distinctly stated, indeed, it seems that they are not occasioned by any one single cause only, but result rather from a combination of different causes, which may operate in different degrees on different individuals, or in the same individual under different attacks.

The principal cause of the internal piles, seems to be an elongation and expansion of the inner membrane of the gut, which becomes broader and larger than it was in health, and thereby spreads out; a thickening of the membrane, a varicose state of the veins; to which may be added, occasional inflammation, with all the tumefaction which is the result of the inflammation. Now, when all this takes place, and the inner membrane of the bowels descends, whether at other times, or during the evacuation of the contents of the bowels, a fit of the hemorrhoids may be said to exist; and a tumour sometimes appears at the verge of the anus, as large as the pullet's egg, or larger, and this tumour may continue to lie forth, or, as in most cases, it may be easily

reduced by a little pressure of the fingers. The intumescence of external piles, appears to be produced, first, by an elongation of the delicate skin which lies around the anus externally, secondly, by a varicose state of the veins, thirdly, by inflammation giving rise to ordinary tumefaction, and which may ultimately occasion a deposit of adhesive matter, which may become organized, and lay the foundation of permanent tumour, the bulk of which may vary with inflammation. When the patient is not under the fit of the disease, the expanded integument may contract itself, the vessels also may shrink; the inflammation ceasing, the swelling may subside in good measure, like an inflamed swelling on your fingers; and thus the appearance of the disease may in good measure vanish.

It will deserve your attention, that in general, hæmorrhoids are a *solitary* disease, unaccompanied with any other graver affection; nor is it often that it destroys life, though by impairing health, it may go far to destroy the happiness of the patient. It is not always, however, that hæmorrhoids are a solitary and independent disease. Carcinoma of the rectum, stricture of the rectum, prolapse of the uterus, procidentia of an enlarged ovary, not to mention other concurrent accidents of less importance, are now and then observed, nor must we lose sight of this, when we are endeavouring to investigate the morbid anatomy of this disease.

Of hæmorrhoids, it is unnecessary to remark, that they usually attack the patient by fits; for weeks she may labour under them, and for weeks together she may be free from them. As with the catamenia, so with the hæmorrhoids, (though far more rarely,) there may be an evident transfer of action from the head to the gut; previous to the attack, the head may have been as giddy and aching as in cases of amenorrhœa, and when the piles come on, all the cephalic symptoms may be very much in the same manner, as by a flow from the uterus.

Under an hæmorrhoidal attack, patients are sometimes affected with the tumours, merely without bleeding, and accompanied with shooting pains, which may cause them

to complain severely, now those constitute what are denominated by the lower classes of society, the blind piles; in other cases, where there is a smart attack, there is too a discharge of blood; that is, one or more of these various vessels, veins, or arteries, generally arteries, opens, and it is from those vessels that the discharge takes place. The quantity which escapes is various, sometimes, however, large; a pint, a quart, a greater measure, may be effused, and much alarm may be occasioned by the consequent collapse, though death itself is rare. If the hemorrhoids are external, the blood gets away immediately, but if they are internal, the blood discharged may coagulate and come away by the forcing of the patient, who supposes that the ordinary contents of the bowels require evacuation, and is greatly surprised and alarmed, to observe a large effusion of blood.

Under the milder attacks, the health may be very good, and its relief of the head may render it desirable; but where the attacks are frequent, and the eruptions of blood large, then the health may be very greatly reduced, debility, irritability, dropsy, nay, in some cases, death itself being the consequence. It deserves your notice, however, that although great reductions of health have been known to take place, yet it is very rarely that persons die under the disease; they are often supposed to be in danger, but in most cases, I think, they escape this last extremity: but what is life, when deprived of that health which makes life valuable?

*Treatment.*—In treating an attack of hemorrhoids, it should be your first endeavour to satisfy yourselves that the disease is hemorrhoid merely, and, more especially, that it is not piles joined with a large accumulation of feces in the rectum—with stricture of the rectum—with carcinoma of the rectum—with prolapsus of the enlarged ovary, or with disease of the womb, as your practice would be very much influenced by these complications, and of course your prognosis. Again, in hemorrhoids it is, of course, of great consequence, whether the attack be simple or connected with other diseases, that the bowels should be kept open, and many of the alighter attacks will be relieved by the use of the milder aperients, as castor oil, manna, rhubarb, sulphur, and other laxatives of milder operation; for, in general, unless particular symptoms require them, the more urgent cathartics, and especially aloes, should be avoided when under the attack of hemorrhoids. Where there is a large swelling and inflammation, leeches should be applied; you may also apply cold water, take away blood from the arm, and, in short, treat the inflammation as you would an inflammation in any

other part. It is said, that you may very effectually relieve the piles by making a few punctures in them with the lancet, so as to take away a little blood from the part; and the patient may be taught (provided she is a woman of a little spirit) to perform this operation for herself. You will sometimes find there is a vast deal of pain in the pelvis, felt more especially in the gut. Hemorrhoids in this state may be called the irritable, and there is, I suspect, in many cases, vertical fissure of the membrane lining the anus. If fissure exist, it may be ascertained by examination, and should be treated as hereafter recommended; if there is mere irritability, leeches and other anodynes are proper. Anodynes may be taken into the stomach, or else in the form of a suppository, they may be introduced into the rectum; but I suspect you will find, if you mix up soap with the opium, which is the way a suppository is generally put into the rectum, a good deal of pain will be produced, and it may not remain there; some other mode may then be tried, and a very convenient method of administering the anodyne, is by mixing up with four or five drachms of mucilage, two or three grains of opium, which may lie there, though a very large injection would be immediately refused. For these injections a small syringe may be used.

If the piles bleed very largely, so that life should seem to be endangered, the most effectual method of ascertaining and relieving the cause of the hemorrhage would be by inspecting the rectum, whether by a *speculum ani*, or otherwise; sometimes under urging, the bleeding parts may be brought into sight, and then the parts being under view, you might take a ligature and tie them up, when there would be an end to the bleeding, at least for a time; the operation is painful, but not dangerous. Copeland has applied ligatures to the inner membrane of the rectum in more than 200 cases, and never, I believe, in one instance, lost a patient in consequence. You had better, however, try the other remedies before you resort to the ligature. Pressure and cold water, together with the usual remedies of flooding being the principal.

In the treatment of bleeding piles let me add, that where the head is relieved by the bleeding, it may be better to leave the hemorrhage unchecked; for a loss of blood from the rectum is certainly far preferable to the risk of an apoplexy. Often the attack of piles is forewarned by a throbbing in the parts; and in these cases you may, I suspect, reduce the subsequent, or totally prevent the attack, by the application of ten or twelve leeches. If the head were much affected before the attack, I would not do

this, but would rather suffer the piles to appear, and the bleeding proceed; but, in the majority of cases, the head is not much affected, and preventive means may be used; for I can at present by no means accede to the opinions of those who consider that hemorrhoids are frequently constitutional. When piles become old and indolent, they lie about the entrance of the bowel, and are sometimes not removed for a considerable length of time. Dr. Munro, of Edinburgh, used to recommend strongly an ointment, which consisted merely of the galls mixed up with spermaceti ointment, in the proportion of a drachm to an ounce. Extirpation by the knife can rarely be required. When hemorrhoids descend from within the bowel and pass forth through the anus, they ought to be immediately replaced. The effectual mode of doing this is not known to many, which is, first, to bear the piles upwards, and then, secondly, to lay as if the contents of the gut were to be evacuated; this opens the anus, and the parts immediately ascend. This little manœuvre is well worth recollection; nothing can be more unwise than to make an effort to draw up the gut when the replacement is attempted; this effort is always attended with constriction of the anus, and thus the reduction is rendered impracticable. In hemorrhoids, there are certain medicines of the milder kind, which are recommended as specifics, such are sulphur, copaiba, and especially Ward's paste, which is, I believe, made up of peppers principally, and which seems to be a healthful stimulus to these parts. In the present state of my experience, I forbear to pass a judgment.

#### *Prolapsus Ani.*

You will sometimes find patients affected with another disease—a modification of the internal piles—prolapsus ani as it is called. Now, in prolapsus of the bowel, you are not to suppose that all the three textures of the bowel—mucous, muscular, and peritoneal—for the lower extremity of the rectum is wholly destitute of peritoneum, and it seems to be nothing more than the inner membrane of the bowel that descends—sometimes one inch, sometimes two, or three, or four; and where there is a great deal of thickening of it, and much enlargement of the veins and arteries, the mass altogether may constitute a large puffy swelling, recognizable immediately by an inspection, or even by the touch, provided the mind is previously alive to the probable nature of the disease.

The most common cause by far of this most troublesome affection, the prolapsus of the gut, is habitual constipation, and much of that effort of the bowels which is called

tenesmus. Naturally, as you see in the horse, the gut comes down a little way when the contents of the rectum are expelled; but if there is a great deal of urging down, and if, owing to the feculent matter being very large and hard, it pass with much pressure, there is a disposition to a larger descent of the gut than is consistent with health, and by repeated urging and descending, the inner membrane may become so greatly elongated as to lay the foundation of a very grave form of the disease.

In those cases of the prolapsus ani, the following, I believe, are the most powerful remedies to be used in the way of palliation: in the first place, let the bowels of the patient be moderately relaxed, so that the evacuations may be pulpy, instead of being large and indurated, and that they may pass away without effort; nuxia, castor oil, sulphur, and a little *serba electary*, or any of the milder laxatives, may be used for this purpose; secondly, you should explain to the individual the effect which tenesmus or constipation has, both in judging and aggravating the disease; and a principal rule, therefore, to which she is to attend is this, that she should on no account give way to the disposition to urge. When labouring under this disease and the patient passes her stools, the inner membrane may descend a little way, and even the anus and this produces a feeling that there is something more to pass, which may induce more urging, and a further descent and desire to urge. On no account, therefore, is this forcing to be continued; but as soon as the contents of the bowels, wholly or in great measure, are passed, all further efforts of urging should be restrained. Again. When the gut descends, you should direct your patient to get into the habit of refraining, as much as may be, from contraction of the sphincter ani, till the gut has been replaced; for the sphincter ani is, in good measure, a voluntary muscle; and if, when the bowel is down beyond the anus, this muscle is strongly contracted, a strangulation of the part ensues. I have already explained to you what is the best mode of replacing the prolapsed part—I mean, by forcing down, upon the one hand, so as to open the anus more widely, and, on the other hand, bearing the bowel upwards, while the anus remains relaxed. This operation ought always to be performed when prolapsus exists, without the needless delay of one moment, for the longer the parts lie forth, the more injury they are likely to sustain.

We are recommended, in cases of this sort, to use medicine to strengthen and brace up the parts, but, I believe, it rarely happens that those medicines are of any use; cold water, astringent washes, and analogous

medicines, may be tried; they will amuse the patient, and tend to sooth her mind, and may, therefore, be looked upon as so far valuable, but they will do nothing more.

These, then, are the principal points of treatment which I should recommend to your attention, in the milder and ordinary attacks of the disease. But I will suppose that the patient labours under an attack of the severer form; that the bowel descends a considerable way; that there is a great deal of bleeding, inasmuch, that the general health is greatly impaired by it, and, further, that the attack is altogether so distressing, that the patient is anxiously desirous to obtain a radical cure. What then can be done? Why, in cases of this sort, it has been advised, that with the knife or the scissors, we should cut away the diseased parts, but this is, I believe, allowed to be, in some cases, an operation of no small danger, as patients have perished repeatedly in consequence of the subsequent hæmorrhage. I understand that some of our great surgeons do not scruple to state that they have lost more than one patient in this way. Well, is there no other mode of affording any relief? Why, yes, there is a very simple and a very beautiful operation with which, I believe, I first became thoroughly acquainted from the information of Mr. Copeland, to whom I am indebted for some very valuable knowledge respecting this troublesome disease. I mean Copeland who has written so well, and so much to the purpose, upon the diseases of the rectum. The bladder is to be emptied, the bowels are to be cleared, the patient labouring under the prolapsus, to make efforts until the inner membrane pushes down into sight, and then the practitioner inspecting the parts which descend, and observing that there are one or more portions of it which appear a great deal redder than the rest, and from which the blood oozes; he takes a *tenaculum*, and with the help of an assistant, draws forth this part or fold, and keeps it on the stretch, and then taking his ligature of common silk, he ties up this part—a fold of the inner membrane—as tight as may be, cuts away one end of the ligature, and leaves the other. If the whole can be contained within one ligature, it is well; if not, it is necessary that two or more should be applied, one end of the ligature being left long, so as to hang forth at the anus, and the other being cut away close upon the knot. After this an effort is made by the patient to open the gut, and by the help of pressure, the parts are easily replaced. After reduction of the bowel, all is to be kept quiet; and by the administration of opium, evacuations should be prevented till the ligatures come away. Under this treatment, no dangerous symptoms occur. After the ligature has been ap-

plied, and the parts have been replaced, we ought to keep the bowels at rest, and to subdue the pain as far as may be by the administration of opium, according to the effect produced; nor is it, in general, till the ligatures come away, that the bowels ought to be suffered to act. The first evacuation often gives great pain, but every succeeding effort is easier, till the healthy feeling of the part is restored; castor oil is, perhaps, the best aperient. The more the membrane descends, the more likely is the operation to succeed; for the cure seems to depend on an adhesive inflammation, which fixes the prolapsing membrane to the muscular tunic of the rectum which remains above; and the more the membrane descends when down, the higher will it ascend when replaced; and the greater will be the distance of the ligature, and the consequent adhesion above the anus, as this apparatus shows. When an adhesion has been formed near the anus, there is a risk lest the parts above should double over it and come down. The pain which follows the operation is sometimes very severe and alarming, especially if the opium is not begun early enough, nor given largely enough. I never saw any urgent danger arising from the operation, but my experience is not by any means extensive. Mr. Copeland (who has, I believe, performed it in one or two hundred cases, if not more) tells me, that in no one instance does he recollect its proving fatal. Like other operations, this, I presume, fails now and then, but failures are rare; in general, it prevents the further descent of the membrane, puts a stop to further bleeding, even where gallons of blood have been previously lost, and is followed frequently by a very complete re-establishment of the health, unless it have been previously ruined by the hæmorrhage. Perhaps there are few parts of surgery more beautiful than this. It is amusing to observe the general surgeons, whose business it is to administer help in the diseases of this, the least honoured part of the human structure, giving themselves airs of superiority over the obstetrician, who undertakes the relief of the diseases of the generative organs, as if their practice was, from the nature of the parts on which they operate, of a more elevated character than that which belongs to the "vocation."

"Mænius absentem Novium cum carperet—  
Heus tu  
Quidam ait; ignorare an ut ignotum dare  
nobis  
Verba putas—Ego met mi ignosco Mænius  
inquit.  
Stultus et inprobus hic amor est, dignaque notare."

The gift of healing is, in a manner,

nessed, and persevered on whatever part of the body it is exerted.

There is yet another variety of disease about the aperture of the rectum which deserves observation from us, and that is fissure of the inner membrane, vertical or oblique—single or repeated. Patients labouring under this affection are often supposed to labour under uterine disease, as prolapsus, for example, or cancer, or some anomalous uterine affection. It is usually by perityphlitis that the disease makes its attack, and then the patient suffers excessive uneasiness about the centre of the body; and there may be shootings, throbbings, bearings, and pains, not easily described; when in the act of passing the stool, the fold of the thigh, frequent to desire pass the water, relieved sometimes by recumbent posture, and an approximation of the knees and bosom, aggravated exceedingly by the passage of solid and indurated substances from the bowels, and perhaps first brought on by this cause. Careful examination detects the fissure, or the cicatrix of former fissure. For weeks together after an attack, the patient may remain comparatively well. If the attention is not vigilantly alive, you may long remain ignorant of the nature of this disease, supposing the patient to labour under prolapsus, cancer, irritable piles—affections of the bladder, vagina, symphysis pubis, or other parts. When once understood, it is easily remedied; first, by keeping the bowels in a soluble state; and then, in the second place, by directing the patient to apply to the anus some gentle stimulus, which may encourage the healing process. Some of the best I know of are the mercurial—an ointment made with the cinerous the unguent. hydrarg. nitratis, properly weakened, to be diligently applied to the part, and repeatedly—say three or four times in the day. It is to Mr. Copeland, of Golden Square, that I am indebted for most of what I know respecting this disease. It is not uncommon, and is, I believe, frequently misunderstood.

## FOREIGN DEPARTMENT.

### LITHOTRITIC OPERATION.

M. Dubois, the Nestor of French surgery, was lately in a very precarious state of health, so that for a long time his recovery, and even his life, was despaired of. The disease under which he laboured, was stone in the bladder, and we are happy to inform our readers, that it has ultimately been successfully removed by M. Civiale's method, in justice to whom we subjoin the

following letter of M. Dubois to the editor of the *Gazette de Santé*:—

"Sir, allow me to acknowledge, by the channel of your journal, the obligations which I feel to my colleagues, for the lively interest they have shown towards me, during my late illness, from which, by the skill of my friend M. Civiale, I have eventually been freed, so that my health is rapidly recovering. I feel proud to be able to add something to the recommendation of M. Civiale's method, which is an effectual substitute for one of the most painful and dangerous operations in surgery, and the invention of which renders his name worthy of a place in the list of the benefactors of mankind."

"I have the honour to be, &c.

"A. DUBOIS."

"4th of May, 1829."

### ANIMAL MAGNETISM.

In the sitting of the Académie Royale de Médecine, on the 30th of April, M. Jules Cloquet concluded his account of the case in which he performed the extirpation of a cancerous breast, while the patient was in a state of magnetic sleep.\* For some days after the operation, the patient seemed to go on very well; difficulty of respiration, however, succeeded, accompanied by great debility, and she died on the sixteenth day. On examination, the lungs, especially that of the right side, were found extensively disorganised.—*Lancette Française*.

### SUCCESSFUL TREATMENT OF ANEURISM BY THE APPLICATION OF CLAY.

C. N., a private soldier of the Imperial Guard, was, at the end of December, 1827, admitted at the military hospital at Petersburg, on account of a swelling in the ham, which was, on examination, found to be an aneurism of the size of a fist, very hard and painful, and, as it seemed, threatening immediate rupture; to prevent which the patient had, for some days previous to his admission, worn a tourniquet on the thigh. The leg was oedematous, and very painful. The case having been watched for a few days, the operation was decided on, when M. Kanelaky proposed to try the effect of the application of clay to the tumour. The clay having been mixed with a sufficient quantity of cold water, was spread upon a piece of linen, laid upon the tumour, with a compress over it, and renewed as often as it became dry. The patient was besides ordered a spare diet, and to keep as quiet as possible. Under this treatment no change en-

\* Vide No. 298 of THE LANCET.

swelled for several days; but on the 14th day a considerable alteration for the better took place; the size of the tumour had diminished, the leg was not so painful, &c. Under the continued use of the plaister, strict diet, and rest, the condition of the patient slowly improved, so that at the end of two months he was perfectly cured, and at the time of the report, four months after his admission into the hospital, enjoyed perfect health.—*Journ. Milit. de Petersbourg.*

#### EXAMINATION OF

#### DR. MACARTNEY'S EVIDENCE,

*Before the Anatomical Committee of the House of Commons.*

(Concluded from page 266.)

In our last we had arrived at that part of Dr. Macartney's Evidence in which he recommends that private teachers should be compelled to obtain licences for the prosecution of their avocations from some of the "constituted authorities." One of the most urgent objections to this suggestion is to be found in the question which follows it; an objection which does equal credit to the judgment and the generosity of the examiner:—"Are you not aware that such a limitation would tend very much to prevent young men who have just passed through their studies, from earning an honest livelihood by endeavouring to obtain pupils?" Pray observe the piece of equivocation offered by way of a reply to this humane and prudent interrogation:—"I do not think that any person is qualified to teach this science without five years' preparation!" According to this calculation, the five years preceding the preparatory process are reduced to a cypher. During that period in which most students lay in the whole, or greater part of the elementary knowledge which supports them through their profession, the Doctor charitably concludes, that they have really learned nothing which they may teach. All this time and labour however, are such mere nonentities in the Doctor's estimation, that it is not at all surprising, such a trifling item as the means of support during the next "five years' preparation," should have escaped his observation. Or, perhaps he supposed that, embarked in so splendid an undertaking, the young teacher would have grown fat on the exhalations of the dissecting-room, and been clothed without a visit to the woollen draper! If we mistake not, however, Dr. Macartney himself, more than once acted contrary to this opinion, by "constituting" young men

teachers, in his dissecting-rooms, who never bestowed a year, or half a year, on their preparation for teaching anatomy; and that their demonstrations were more regularly attended than the Doctor's miscalled anatomical lectures. Nay, more; Dr. Macartney while using this language, was perfectly aware, that in many, if not in all of the private schools of Dublin, there were young men delivering anatomical demonstrations there, immediately after passing an examination to practise, of which no grey-bearded professor of a college or an university might be ashamed. But admitting that an unrestricted system of teaching was, as it is here assumed by Dr. Macartney, to be theoretically defective, its operation would soon rid us of its evils, and secure its advantages in a state of the greatest purity, as may be learned from the following intelligent query:—"Does not ignorance of the science professed to be taught in the teachers of surgery, as well as of every other science, soon operate as a check on the attendance of the pupils?" We beg particular attention to the clumsy reply, by which it is attempted to turn the edge of this objection:—"I think not; because the prices are very often brought down in proportion to the quality of the instruction." This statement is as false in fact as in argument. In the first place, at the private schools of Dublin are paid the same fees as at the chartered establishments, or, if in any case there be a difference, it is so small that it could never be taken into account by the humblest student, in selecting between efficient and inefficient instruction. The fact, therefore, turns out to be the very best proof of that ability and enterprise which enable these institutions to compete with, and charge the same prices as, those bodies which are protected by a corporate monopoly. In the second place, it does not follow as a probable consequence, that a reduction in price would induce students to be content with an inferior description of information; we cannot, indeed, imagine any student to be so stupid, as knowingly to fall into such an error. Dr. Macartney would have us believe, that pupils purchase knowledge on the same principle that they buy their cloth; that is, if they cannot come up to the price of "Saxony Blue," they may turn to the other side of the shop, and match their purse in a piece of "Scotch Kersey." But we believe students are in general too well informed to extend this economy to science, knowing, that it is in this as in poetry, in which there happens to be no medium, according to the author of the "Art" who says.—

—Mediocribus esse poëtis,  
Non diti, non homines, non concessere  
columnæ;

an artery is an artery, and its description

either true or false, whether enunciated by a treble or a bass voice. The examiner was at least not to be deceived by so bungling an artifice, for he immediately asks:—"Is not that reduction of the price of teaching common to other sciences as well as to surgery, and is not the imperfection soon discovered, and the low price rendered inexpedient to be paid by the pupil, on account of the inferiority of the information acquired?" To evade the humiliation of a concession to this unanswerable question, the Doctor has recourse to the following fiction:—"I think not; there never has been any period at which so great a number of persons of limited means entered the profession as do now, in consequence of the difficulty of making money in any other way; and hence they have always a desire to obtain the necessary certificate to entitle them to an examination by the College of Surgeons at the lowest possible rate; besides, students are not capable of judging of the qualifications of their teachers." The argument of this passage may be readily disposed of; its philosophy, or spirit, is a matter of much more serious consideration. First, of the argument: no matter what the number, the poverty, or the prospects of pupils may be at present, it is certain, that if they mean to take degrees in any of the universities of England, Scotland, or Ireland, they must for that purpose pay for university certificates, as none else, by the statutes of these establishments, will be received. If they could obtain certificates for attendance on the required courses from private teachers at one shilling a-head, what would it avail the pupils when (as far as graduation in universities is concerned) these cheap certificates would entitle them to no examination? Again, if it be the object of pupils to obtain a licence from any of the Colleges of Surgeons, they must comply with the course of study prescribed now by each of these bodies, and produce certificates of attendance on the lectures of those accredited teachers whose prices are in general the same with those of all corporate bodies, so that the nature of their licence to practise makes very little difference as to its cost. I of course speak only of those colleges and universities in which pupils usually license and graduate. Again, if they aspire to become members, fellows, or licentiates of any of the Colleges of Physicians, the qualification for this examination includes a degree from an university, and, of necessity, its expenses, or the production of certificates equally expensive, as in the case of the Dublin College of Physicians, by one of its recent regulations. If these pupils are obliged to pay the established tolls, whatever road they may take to enter on the golden alysium of practice, what becomes

of the fraudulent induction that the price and quality of instruction have been brought down to meet the number, the poverty, and the prospects of students? Last, however, the natural desire of pupils to obtain cheap qualifications, should not appear a sufficient cause for the deterioration of instruction, and a just ground for the prevention of this evil by the limitation of private teachers, the Doctor strengthens his position, by at once declaring that pupils are not qualified to judge of their teachers' merits. Suppose we were to answer this question in the Irish way, by asking Dr. Macartney, whether the crowded state of the benches of the anatomical theatre in the University of Dublin, were attributable to certain laws compelling pupils to attend there, or to the pupils' just appreciation of the merits of the professor who presides there, what, we wonder, would be his reply? Would he sacrifice his self-love to consistency, and acknowledge that the law, not his own high deserts, was the cause of the crowded state of his benches this season? No, no, we hardly think that such would be the reply of the learned professor; we rather imagine that his modesty would induce him to ascribe the fact to the capabilities of his auditory to estimate his deserts, even at the expense of his theory to the contrary. But it well becomes the preacher of "equality," the scoffer at the constituted forms of society; the misanthropic sneerer at wealth and rank; the man, who if we recollect rightly, gave his pupils a holiday to attend Mr. Owen's "levelling" lectures at the Rotunda; who, in the plenitude of his "aggrarian" mania, so far forgot his habitual regard to pecuniary matters, as to subscribe a hundred pounds to enable that apostle of "radicalism" to reduce all Ireland into parallelograms, from which all distinctions of birth and property were to have been excluded: Yes; it well becomes the artist of his own fortune; the man who commenced his studies as poor as his companions; who began life as a teacher, with as short a preparation as any of his contemporaries; who, if we are informed rightly, turned out his toes on parade for a few shillings daily, to the drum and fife of a little marching Welsh regiment; it well becomes this child of fortune, to turn into the Diogenes of the lecture-room, and from his philosophic elevation to spit down on that low level of life from which he rose, and to asperse those arts and pursuits by which he ascended. Here the examination takes a new turn, and the questions proposed, will be found to explain whatever obscurity may have veiled the real intention of the preceding parts of Dr. Macartney's evidence; he is asked:—"Some examination is necessary at the College of Surgeons?" To which he re-

plies:—"Some examination is always employed by the College of Surgeons; and for degrees in medicine also." On this admission, the examiner remarks:—"Then if imperfect knowledge be permitted to practise, does not the fault lie with the examiners, who apply whatever test to adequate knowledge they may think requisite?" Simple as this question appears, and obvious as its proper answer is, it is met by the following sophistification:—"I think not exactly; I think that examinations, unless they were conducted in a different manner, on a very different plan than they are at present in this country, cannot prove the person's knowledge." The very genius of Machiavel would seem to have been addressing the Anatomical Committee, while they foolishly supposed that they were in communion with Dr. Macartney. Such is his passion for equivocation, and his determination to get the private teachers in his power, that he cannot reply to a single question without a quibble to that effect. He is here plainly asked, if examinations were properly conducted, would they not be an adequate test of qualification to practise? But, in answering in a direct and honest manner, he eludes the question by omitting the hypothetical effect implied in the interrogatory, and states, indeed, that examinations are no proofs of knowledge, because they are improperly conducted; or, in other words, the positive imperfection of examinations is objected to their problematic operation under altered circumstances. By this insipid mode of reasoning, we arrive at the consoling conclusion, that the mere existence of error renders it incorrigible, and shuts out, for ever, all hope of reformation.

The Doctor, however, is never at a loss for a sophism; when driven from one hold, he takes shelter in a second. Thus: "Would not it be a more proper course to allow a competition in teaching, with all the advantages which result from that system, and to adopt a more strict mode of examination, than that a limitation should be imposed upon the number or the qualifications of the teachers?" No, that does not exactly suit the Doctor, who says, "I think that the present mode of examination does not ascertain a person's knowledge: the truth is, a person may be made up for a particular examination; every person acquires a mode or style of examining, which those who take the pains of inquiring into, are able to become acquainted with. In the College of Surgeons in Dublin, the examination is open to all the members of the College, who, therefore, have an opportunity of knowing what questions each examiner puts, and of thus learning the one kind of questions usually employed, and, in many cases, of even predicting the very questions themselves."

Will the Doctor never have done with this argument; here we have it repeated as confidently as if it never had been refuted. We are also at some loss to know what this episode on grinding, and the public examinations of the Dublin College of Surgeons, had to do with the question proposed. If the examinations were properly conducted, (the problem which the examiner wished to have solved,) grinding would be of no avail to uninformed pupils; and instead of agreeing with the Doctor in his invidious sneer at the public examinations of the College of Surgeons, we consider this one institute as a means of securing efficient practitioners to society, worth all the other humbug regulations of all the universities, colleges, surgical and medical, in the British Empire. So essential is the publicity of examination to the proper discharge of that duty, that we conceive all other regulations would be defective, without this wholesome check on the examiner. The Doctor's pertinacity, however, in refusing a reply to the preceding propositions, is, at length, made to yield in the following question and answer:

But are not the objections which you have just stated, mainly founded upon the inadequacy of the examination, or upon the incompetency of the examiner?"—"I think all examinations, except practical ones, inadequate." Thank heaven! something like a reply has been at length extracted from him; we may now guess at his meaning: the next question, we suppose, will make it all too evident. "But why should not practical examinations be rendered requisite, in order to render it an adequate examination?" No! we were deceived; the Doctor's "practical" examinations, now turn out to be "impossible" ones; for he replies, "That would answer very well, no doubt, if it were possible to accomplish it!" Just as we fancied we had him circumscribed in a dilemma, the supple old dialectician clears at once bound the ramparts of logic with the elasticity of a grasshopper, foreseeing that if he admitted the competency of examination as a test for qualification to practise, the admission might also include the competency of the same test for teaching, and thus both objects be attained by the same process, he cunningly protects himself from the inference deducible from such a concession, by asserting that such an examination is altogether impossible. As throwing some light on the motives of this equivocation, it may be observed here, that though the Doctor considers the examination for teaching should be a more rigorous one than that for practising, yet, in a preceding part of his evidence, he freely admits that this more difficult examination is quite possible, and strongly recommends its adoption; but when the application of this examination

would rescue the private teachers from his grasp, it is quite impracticable. Things, in fact, are possible and impossible, precisely as they suit the Doctor's private purposes. So convinced was the examiner that this was the logical disease under which the Doctor laboured, that he now asks him, "What do you mean by practical examination?"—"I mean, to examine a person in anatomy, surgery, and medicine, by making him dissect before you, by making him produce preparations, by making him operate on a dead body, and by making him stand by a sick bed and prescribe."

We have here, at length, obtained from the Professor an account of that singular examination which he conceives possible in the case of teachers, and impossible in that of practitioners. Now we do not see one item in this process which, in the present state of affairs, we should consider impossible. Dead bodies are not quite so scarce but that a sufficiency of them could be secured for the purposes of examination; and our hospitals, in spite of science and the doctors, are seldom destitute of disease. We are happy to record the Doctor's approbation of a system of examination which we were the first to propose in these countries; we differ with him only as to the use which he would make of this test of qualifications to practise or to teach. But it will appear from the reply to the next question, that the possibility or impossibility of the examination, the ignorance or information of the teacher or practitioner, is to him a matter of secondary importance to the limitation of the number of private schools. He is asked, "If, by any change in the mode of examination, perfect security could be attained for the public, that no incompetent practitioner should profess the science, are you prepared to admit the great advantage of free competition in instruction, as the best mode of giving to students a cheap education?" Oh! no, that would never do; cheapness and competition are quite incompatible with the interests of the anatomical theatre of Trinity College, the incumbent of which accordingly answers, "I do not quite assent to the doctrine of free competition in professions; I think if you adopt that principle, you must extend it to practitioners as well as teachers, and then you ought to have no examination at all, but let every man practise medicine and surgery who thinks fit, and let the public find out his mistakes, and avoid him." One would think that logical, or, rather, rhetorical device, the *reductio ad absurdum*, was specially invented to make the Doctor ridiculous by the abuse of it. We must beg leave to remind him, that in his application of this fallacious form of argument, he has lost sight of its check or counterpart, which says, that "he who

proves too much, proves nothing at all," an excess of demonstration in which the Professor of Trinity College has succeeded most happily in the present instance. He will, we have no doubt, perceive, on reflection, that it does not follow that because competition may be safely allowed in one case, it should also be permitted in cases in which the lives of individuals are concerned. It is, for example, a matter of very secondary importance how he handles the knife in the dissecting-room on a dead subject; his errors there are harmless to the public, and may be corrected by his pupils; but mistakes with that instrument on the living subject, being quite another sort of thing, should not be permitted. The fallacy of this argument is, we think, very clearly exposed in the question to which it has given rise. "But is it not safer to guard against the ignorance of the party instructed by good previous examination, than to allow the public to suffer largely from his ignorance after he has commenced practice?"—"Yes," but I think it still better to give him a good education, and to insist upon his having received it, than to depend on any oral examination." The merits of this substitute, even for oral examination, are thoroughly expounded in the following interrogatories, in the answers to which the Doctor sinks deeper and deeper at every exertion to keep himself afloat: "You have contemplated a mode of examination, which you think would be an adequate test?"—"Yes."—"If that were adopted, what possible objection can you see to the free competition of instruction, when, by that mode of examination, the public would be guarded against ignorance?" Again: the Doctor has recourse to the argument of impossibility, never recollecting that he is in the very act of recommending it as useful and possible in the case of young teachers. Thus: "I think that an adequate examination cannot be employed at present, nor ever can, while any obstruction exists to making use of the dead." We have already shown that the use of the dead, and of the dying too, for all the necessary purposes of examination, is perfectly available at present, in fact, we do not see any limit to the number of anatomical questions which might be proposed and solved by the use of a single subject; and as long as a patient survived the labour of examination, there cannot be the least doubt but he would continue a test of the student's practical knowledge. It will be seen, however, by the subsequent questions, how vastly superior even the worst form of such an examination would be to the plan which the Doctor now recommends in its place:—"How could you know that a good education had been received without examination?"—"By spending sufficient time, and

going through a particular course!" "How are you to ascertain that course has been gone through!" "Angels and ministers of grace preserve us!" while we record the answer:—"By Certificates!"

It may well be supposed that after this declaration the Doctor is fast approaching his end; the few replies which follow, but too fully realize that anticipation; he is next asked, "How are these certificates to be granted?"—"By the teachers!" "Are they to grant them after examination?"—"No; if a pupil attend a teacher, he is bound to give him a certificate; if the certificates be not false, they are proofs of his having received an education!" Yes; about as much so, as going through the "proper course" of a university is a proof of scholarship, a fallacy which, we believe, has been demonstrated on a pretty large scale by the aristocracy of these countries. For any thing the master who grants the certificate knows to the contrary, without an examination, "Master Charles," or "Master Henry," may have been writing billets-doux to the "pretty milliner" across the street, while the Professor thought he was taking notes of his lectures; so, at least, the intelligent examiner seems to think, for he forthwith puts the astounding query to the Doctor:—"Is it found at the universities that certificates of attendance for a given time are certain criteria of the student's knowledge in the sciences, in the arts, or in any other subjects which form the studies of an university!" True to his theory to the last, the Doctor maintains it with his latest breath: "I do not say they are, but I do not think that an examination is as good a test!"

The truth of the observation of Junius, "In what a labyrinth of nonsense does a man involve himself, who labours to maintain falsehood by argument," was never more forcibly illustrated, nor the competency of examination to fathom the depths and shallows of human worth, knowledge, and intellect, so clearly demonstrated to us as by the preceding evidence; which, based on the one, narrow, illiberal, and impolitic principle of selfishness, like an inverted pyramid, is a monument of the perversion of reason and rectitude. It shows the world how little the testimony of men enjoying the reputation of attributes which should at once excite and realize the loftiest perceptions of the dignity of their nature, is to be depended on in questions involving their personal interests.

CRINENSIS.

Dublin, May 20, 1828.

#### REMARKS ON CASES OF ARM PRESENTATIONS.

By PETER COSGREAVE, Esq. Surgeon.

THE report of the discussion respecting "arm presentations" at the London Medical Society, contained in No 499 of THE LANCET, induces me to make a few observations on that important subject.

A case of "arm presentation" seems to have been treated by the gentlemen who took part in the discussion, as one of alarming difficulty; and I am aware that it is considered generally by the practitioners of the obstetric art, as one in which the life of the child, at least, must be sacrificed, and frequently the lives of both mother and child. In contradiction to the prevailing opinion and practice, however, I trust I shall be able to show that these cases offer nothing beyond the ordinary difficulties to the accoucheur, and that on no occasion ought life to be sacrificed, or injury done to the patient.

The method, which very little reflection will justify, and which I have practised with *invariable success*, never having lost a child in a case of arm presentation, is simply as follows:—Return the protruded arm into the womb, by gently pressing back the shoulder with the hand, and replace the child in the position it originally occupied above the pubes. To perform this operation, the accoucheur must be attentive to await the absence of a pain; it would of course be dangerous when the womb is in a state of contraction. This done, all that remains is, to prevent the arm from again protruding, by keeping it in its place with the hand; the next pain will present the child in the proper direction, and without further anxiety to the practitioner, the labour will proceed in the natural way. Care and attention, with a certain degree of mechanical skill, are undoubtedly requisite in this, as in all cases where there is obstruction, but not more than every skilful accoucheur is supposed to be able to supply.

The principle upon which this practice is based is, that for the most part Nature is all-sufficient for her own purposes, and that wherever a deviation from the usual course occurs, the aim of the practitioner should be to restore Nature, as it were, to her own means, by placing things with the least possible effort in *statu quo* before the deviation. I therefore condemn, as unnecessary and unnatural, the violent expedient of turning the child in the womb, and administering narcotic and nauseating drugs, for the purpose of prostrating the strength of the patient, and enfeebling those throes of Na-

ture by which alone the work of delivery can be achieved.

I presume that I need not recommend the few observations I have made, by any remark upon the importance of the subject. I can confidently state, that by adopting the practice, I have in these few remarks endeavoured to explain, my professional brethren will have to lament the delivery of still-born children much less often than they have at present.

I may take an early opportunity of saying a few words on the distinction to be drawn between an arm presentation and a hand presentation.

Surrey Street, St-and, May 27, 1829.

#### CASE OF OVARIAN DROPSY EFFECTUALLY TREATED.

By EDWARD DANIELLS, Esq. Surgeon.

THE treatment of ovarian dropsy has justly been considered difficult. The ill success which has usually attended the means employed, whether operative or medical, has rendered a prognostic always doubtful, and placed the patient afflicted with this disease, most commonly in a hopeless situation. Dr. Blundell's remarks on the treatment of this malady, as published in THE LANCET for March 21st, corroborate this statement; he says, "In medicine, I believe, you have no effectual means of palliating these encysted accumulations, and, in general, those may do best who struggle least. The dropsy of the ovary cannot be cured, in general, by diuretics, emetics, mercurial action, or t's like, and, therefore, you ought to be very cautious how you have recourse to any of these means, at least with violence, lest you should leave the patient in a worse condition than you found her." Now though this be the opinion of so distinguished a man as Dr. Blundell, and perhaps the view which the majority of the profession may take, yet I humbly submit that there are exceptions to general rules, and I venture to suggest, that such a sweeping statement as this, as it tends to paralyse medical efforts, might, perhaps, have been a little more qualified. The case I have to record will nullify, in one instance, at least, the assertion; but I am sensible that Dr. Blundell (whose professional talents I estimate most highly) will not despise an "unvarnished tale," though it militates against his avowed opinions, and emanates from an obscure individual. Probably the majority of cases may support the opinion of Dr. Blundell, but I submit the following case as an exception.

Mary Ann Durham, of this town, whom I delivered in November last of a seven

months' child, applied to me about the latter end of March, in consequence of her having been seized with great difficulty of breathing. I considered it as a mere symptomatic affection, and treated it as a spasmodic dyspnoea; she took the following mixture:—

*Aromatic confection*, 2 drachms;  
*Subcarbonate of ammonia*, 2 scruples;  
*Peppermint water*, 6 ounces;  
*Tincture of opium*, 30 minims. Mix;  
three table spoonfuls every three hours.

In the evening she was much better. On the following morning, my attention was directed to the swollen condition of her body, which she described as having gradually enlarged during the last two months. The fluctuation very perceptible, the enlargement bearing to the left side; secretion of urine perfect; pulse not materially disturbed; no swelling of the legs; countenance not unnatural; total absence of all the cachectic signs of common ascites. She describes the swelling as having at first resembled a ball. Her friends were anxious to call me in some time since, but she objected, under the hope that she might soon get better. I regret not having witnessed the enlargement during its incipient stages. When I did see it, the parietes of the abdomen were greatly distended, and the general magnitude of the body would have warranted tapping. I felt no hesitation in pronouncing it a true ovarian dropsy.

March 30. I prescribed the following:

*Blue pill*, 3 grains every four hours, with three table spoonfuls of the following mixture;  
*Spirit of nitrous ether*, half an ounce;  
*Compound tinct. camphor*, half an ounce;  
*Tinct. of digitalis*, 1 drachm;  
*Water*, 6 ounces. Mix.

Half a drachm of strong mercurial ointment, in camphor liniment, was applied night and morning over the region of the bowels.

31. Dyspnoea returned; a draught similar to the first mixture gave immediate relief. The above plan was followed with occasional variations suited to the emergency, until the 11th of April. The mercury had not even affected the gums; no visible alteration in the size of the abdomen; appetite indifferent, bowels inactive; no dyspnoea; prescribed the following:—

*Blue pill*, 3 grains every four hours, with three table spoonfuls of the following mixture;  
*Sulphate of magnesia*, half an ounce;  
*Water*, six ounces;  
*Compound tinct. gentian*, half ounce.

16. Bowels freely moved; some slight tenderness about the gums; size of the abdomen reduced; much softer.

18. Bowels very freely moved, four or five evacuations daily; appetite better; abdominal enlargement greatly reduced; gums still tender; medicines continued.

May 1. The variations up to this period are not sufficient to be recorded. She has been seized with diarrhœa; ordered to discontinue the medicine.

5. Greatly reduced, almost a "living skeleton;" abdomen reduced to its ordinary dimensions; though emaciated, her appearance not unhealthy; appetite very good. Her child, though prematurely born, lived, and she has continued to suckle it during her whole illness, though the secretion of milk has sometimes been very slight.

10. Quite convalescent; she is taking a few grains of quinine, in conjunction with a bitter infusion.

15. I have seen and examined her to-day; there is no enlargement; her appetite very good; sits up the major part of the day, and during this fine weather takes an occasional walk. With the exception of weakness, she considers herself well.

I forbear to theorise on the above case; I would rather it should speak for itself. There may appear some discrepancy in the measures employed, but the happy result will prove their efficacy.

Newport Pagnell, Bucks, May, 1829.

#### OBSERVATIONS ON PURPURA HÆMORRHAGICA.

By THOMAS HEAD, Esq., Surgeon.

In your Journal for April 18th, I read some "observations" on the treatment of purpura hæmorrhagica, wherein allusion is made to the treatment in the case I related in No. 292; will you do me the favour to give insertion to the following remarks, in reply to Mr. E. Moore, of Islington?

My motive for publishing the case was, to afford some evidence of the inflammatory character of the disease, and to show, by the appearances on dissection,\* that such an opinion of its nature is not altogether gratuitous; as the purgative remedies which were given in the case of Paterson, were given by my direction, and constituted the only share I had in the treatment, I will limit my remarks to their use only. Mr. Moore asserts the use of calomel not only in his own cases, but in mine, to have been "followed by injurious effects," such as "bloody evacuations, rapid sinking of the

pulse, &c., for which the dissection does not account!"

Of Mr. Moore's logic, of the results of his cases, or of the *flattering* insinuations respecting my case, I am undecided which to express the most admiration. I stated that the girl had headach, fever, a pulse ranging about 90, and soft, with tenderness of the abdomen, and constipation. What, I will ask Mr. Moore, was the remedy which these symptoms required, but the use of purgatives; these were given, consisting of calomel and jalap, with infusion of senna and Epsom salts, and "followed," to use Mr. Moore's expression, by "three *feculent* evacuations, and considerable relief;" the bloody evacuations did not occur until nearly twelve hours after these, and for which the condition of the mucous membrane of the intestines may in part account. But Mr. Moore appears entirely to overlook the existence of a most inveterate and obscure disease, attended by all the "*appearances*" which, he says, follow the use of calomel; of the injurious effects of which he has no right, in reason, to speak, when followed by nothing more than the usual symptoms of the disorder. "Post hoc, ergo propter hoc," such is the logic of Mr. Moore, which, to say the least of it, is frivolous and unphilosophical.

I have seen the disease, *apparently* depending on three distinct causes, that which arises from intestinal irritation, often produced by worms, and to which young people are most liable, accompanied sometimes with hæmorrhages, while others presented the petechiæ on the skin only; these cases, of which I have seen a great many, were all conducted to a cure under the use of mercurial purges. The second description, the "purpura without fever" of Willan, appears to depend on general and particular debility, and can only be remedied by the free use of tonics, liberal diet, wine, and gentle exercise in the open air; and in which calomel, or any other purgative, would prove hurtful.

In the third species, the true purpura hæmorrhagica, the cause is much less evident; but I am led, with Dr. Mason Good, to suspect, that crowded and ill-ventilated apartments, unwholesome food, and neglect of personal cleanliness, may have a great share (in which ever way they act) in producing the disease,† from whatever source it arises, it shows itself in a compound form, and approaches nearest, to the congestive inflammation, which sometimes occurs in typhus fever, connected with or depending

\* The painting which accompanied my former communication, illustrated very faithfully the condition of the mucous membranes generally.

\* Vide Bateman on Cutaneous Diseases, p. 106.

† In all the fatal cases which I have seen, these *might* have produced the disease.

on some other peculiarity, which is not easily discovered. Dissection, in my case, discovered great and general vascularity in the mucous membranes of almost all the viscera, but whether the rapid course and termination of the disease is attributable to inflammatory action, or some depression of the nervous system, or to the discharge of blood which occurred, I am not prepared to hazard any conjecture. I shall endeavour to prove, that in condemning my remedies, and giving such a fearful history of his own, Mr. Moore must have drawn his conclusions from false premises, or if they were facts, they are not universal.

Mr. Wilson and Mr. Dennis, medical practitioners in this town, of deservedly great celebrity, have assured me that they have treated very severe examples of purpura hæmorrhagica by mercurial purgatives, and with perfect success. Dr. Harty, of Dublin, has given the most unquestionable proof of the efficacy of calomel combined with jalap; this gentleman observes, after having witnessed the death of a patient treated in the usual way, he was uniformly successful in upwards of a dozen cases, since he relied solely upon the liberal administration of purgatives; he prescribed calomel and jalap, in active doses, daily, which appeared equally beneficial in the hæmorrhagic as in the simple purpura.\*

In conclusion, Mr. Moore must not be offended, if I recommend him to use more definite language when he again writes, on this or any other scientific subject, and to examine whether or no some misapprehension of the nature of the disease may not have led him to condemn, in such an unqualified manner, a most useful remedy. I would really thank Mr. Moore to favour us with some description of the "appearances" on dissection, to which he alludes; and to specify, if he please, what he considers to have been produced by the remedies, and such as he believes to have resulted from the disease. After he has done this, should he still consider the "remedy worse than the disease," Mr. Moore must forgive me for differing in opinion from him, and confessing myself a sceptic to his doctrines.

Alnwick, May 16th, 1829.

#### GOVERNMENT MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—Your vigilance in detecting, candour in exposing, and ultimate success in eradicating abuses, induce me to address you on a subject of much importance to a

\* *Edin. Med. Surgical Journal*, for April 1813.

great majority of the medical gentlemen practising in the sea-port and government towns throughout the kingdom, and I patiently await your remarks as to the best mode of obviating the following abuses.

I complain that many medical men connected with government hospitals, and receiving handsome salaries, with every prospect of promotion in their profession, most unprofessionally and unjustifiably trespass on the practice of those who have no certain income, and whose families look up to them for support. It is no argument for these gentlemen to say, "We take no fees;" the fact, if it be true, does not lessen the unfair mode of depriving the private practitioner of his fees; their philanthropy, in many instances, may be deemed great; but, in the majority, it is but a disguise, assumed to attract public attention, and to pave their way into a practice. These no-fee gentlemen are a great temptation to sick persons, and numerous instances occur, in which patients well able to pay for advice, and who, in fact, are in affluent circumstances, consult them. I could state many occasions on which these philanthropists have deprived an old and respectable member of the profession of patients, thereby reducing his income, and injuring his family.

I cannot tax myself with speaking falsely or hastily; I feel the abuse to exist, and many other members of the profession feel it also.

I therefore entreat you, Sir, to turn your attention to the subject, by doing which I feel assured you will alleviate, if not remedy, the evil. In thus charging some members among the government medical officers, I wish it clearly to be understood, at the same time, that I except others, who have too good a sense of what is correct, and what is deemed honourable, to interfere with the practice of those whose income is precarious and unsettled. Relying on the truth and justice of my complaint, I leave the case in your hands, and

Remain yours, &c.,

JUSTITIA.

Portsmouth, May 6, 1829.

#### THE WEBB STREET SCHOOL.

To the Editor of THE LANCET.

SIR,—Having had no other instructor in the obstetric art than Dr. Hopkins, and believing him to be conscientiously anxious for the progress of his pupils, I am surprised at the tone in which your correspondent "of the Webb Street School" speaks of his occasional (and, I dare say, unavoidable) absence from the lecture-room,

and at the sly attempt to construe such absence into a systematic neglect of duty.

The writer, after ostentatiously exhibiting the several counts in his indictment, seeks to convey the idea that he has more complaints in reserve; thus he talks "of some of those evils existing," &c., and threatens to come into your pages with "facts of more importance" next season.

There is, Sir, a vulgarity, and little-mindedness in this ruse, which defeat its purpose; and therefore

"To be hated—needs but to be seen."

This literary cormorant complains that he neither gets a full nor a regular meal, and that a lecture—unless it occupy an hour in the delivery—is nothing worth. It is evidently the complaint of a very young man, who, in his next year's professional campaign, will, perhaps, wish he had been more prodigal of his hands and eyes, and cared less for indulging his ears. Midwifery, of all sciences, is a practical one; and the highest eulogy on the "Webb Street School" is to say, that untoward cases interfere occasionally with the hour of lecture. It cannot be imputed that the recurrence of these cases is feigned, in excuse for absence; such an imputation would be as delicate as I know it to be unmerited.

To secure Dr. Hopkins's presence and sanction in the lying-in-room, it is not necessary that each case should be difficult, it is sufficient that the attending pupil be young, timid, or unpractised. I speak from experience on this point; and when it is further recollected, that many of the Doctor's old pupils are settled in practice in and about London, who often avail themselves of his known readiness to assist them in cases of emergency, we may cease to wonder at his sometimes being unable to reach his post. The "Pupil" appears to be of walking experience. He will, therefore, thank me for recommending him occasionally to bend his steps to Queen Square, where cases are to be obtained very frequently, and where Dr. Hopkins's clinics almost render his lectures (good as they are) unnecessary.

As Dr. Blundell has no where a warmer panegyrist than Dr. Hopkins, I cannot see for what reason, *heavenly or earthly*, he is introduced, unless it be to exhibit his unanimous contempt for a shower of rain.

I remain, Mr. Editor,  
Yours obediently,

THOMAS EVANS.

31, Arlington Street,  
Camden Town.

#### EFFICACY OF QUININE IN PERIODICAL HEMICRANIA.

To the Editor of THE LANCET.

SIR,—In No. 298, I see Mr. Winalow recommends blisters to the abdomen, in cases of obstinate periodical hemicrania. I have found the sulphate of quinine completely cure the affection after the failure of various remedies, and should, therefore, prefer it to the painful one, of blisters. A case particularly corroborative of my assertion in favour of quinine occurred when on a visit in Gloucestershire, two years since; the patient had been afflicted with very severe periodical hemicrania for some years, and had been a patient of Dr. Porter, of Bristol, as well as of several eminent practitioners in and near Bristol, but the cessation of paroxysms was very short: after taking the quinine in six grain doses for a few days, she was entirely cured, and has had no return. I have seen several cases relieved by the same remedy, but the one stated particularly shows its utility.

I remain yours obediently,

E. MOORE.

Islington, May 18.

P.S.—Will Mr. Winalow be kind enough to inform me on what principle he first thought of applying blisters to the abdomen in cases of periodical hemicrania, or if it was merely *exp. gr.*?

Mr. Moore states, in answer to the inquiry of A., of Hebben Bridge, in No. 298, that he has never found the ergot of rye retard the lochial discharge, and that on inquiry among his medical friends, he finds none of them have observed any such effect from it. In a case of amenorrhoea that came under his care a short time since, which had been very obstinate, he adds, "I found a weak decoction of the ergot (℞. to ℥ss. of aq.) given in conjunction with the pil. fer. c. myrrh in doses of a table-spoonful three times a-day, and five grains of the pill each time, have a beneficial effect. Should any of your readers have observed the same effects, or should they have an opportunity of so doing, they will oblige by communicating the results of their practice."

#### ACUTE DISEASE OF THE HEAD.

To the Editor of THE LANCET.

SIR,—Having lately met with a case not very dissimilar (except in result) to that related by Mr. Everett, in No. 492 of your publication, I am induced to send you a short account of it.

A girl, *ætat.* 20, a nursery maid in a family at the West End of the town, complained of a constant and violent pain in the back part of the head, more severe after eating, of a throbbing nature, and interfering considerably with her rest. At the period of her application, it had been gradually increasing for three weeks; the bowels and catamenia had not diminished in integrity; the tongue was slightly furred; there was little thirst, but the mouth very dry in the morning; the pulse full, strong, and frequent; the appetite bad. The patient was bled, cupped, purged, and blistered, without effect. The pain did not abate. On the contrary it increased, and invariably became more severe immediately after eating, even if but a mouthful of food was taken. This symptom induced the idea that the pain might be dyspeptic, especially as it was not lessened by depletory measures; the stomach was, consequently, drenched with various dyspeptic medicines, still the pain was obstinate, and it retained its seat.

She had been thus treated for three weeks, when she stated that whilst lying on a sofa, she felt "*something give way*" in her head, with a report like that of a pistol; at the same time, matter, in quantity capable of filling a small tea-cup, gushed from the ears, the nose, and the mouth. The result was, that the pain instantly left her. She quickly regained her health, her hearing was perfect, and her complaint never returned.

Where, in such a case, was the seat of suppuration? if in the brain, how was the maintenance of its functions to be accounted for, and by what means did the matter make its sudden exit from the interior, without detriment to the organ of hearing?

I have the honour to be, yours, &c.,

J. G. EVANS.

115, Fetter Lane, Holborn.

## HOPITAL ST. LOUIS.

### SARCOCELE AND ENCEPHALOID TUMOUR OF EXTRAORDINARY SIZE IN THE ABDOMEN.

C. FORTIN, *ætat.* 39, of a weak constitution and nervous temperament, was affected with a small congenital inguinal hernia on the left side, which spontaneously returned, on lying down, into the abdominal cavity, and caused so little inconvenience, as not even to require the use of a truss. About four years ago, an inflammatory and very painful tumour, of the size of a pigeon's egg, having formed in the left groin; the patient, who had always had only one testicle, suspected that it originated from the descent of the other,

and applied an emollient poultice, under the use of which the pain gradually subsided, and the testicle actually passed into the scrotum. It retained, however, a kind of morbid irritability, and gradually enlarged, so that two years subsequent to its descent, it had acquired the size of the fist; from this period it ceased to increase, and the patient appeared to enjoy, for some time, tolerably good health. Six months previous to his admission into the hospital, however, the spermatic chord became tuberculous and very painful; the nodosities, near the inguinal ring, grew rapidly, so as to form within a short period a large uneven mass, which occupied the whole left hypogastrium; the general health of the patient began, at the same time, to suffer considerably; he became emaciated, feverish, &c. About a month after the appearance of the first tumour, another of a similar nature appeared in the umbilical region; this also rapidly grew, and, on accurate examination, was found to be connected with the tumour in the hypogastrium; the pain at this period was very violent, of a lancinating kind, and extended over the whole abdomen; it gradually however subsided, and, until about three months before the patient's admission, ceased entirely. The tumour in the abdomen and hypogastrium attained an extraordinary size; and the latter, by forcibly pressing on the crural nerve, produced incomplete paralysis, and oedematous swelling of the left leg. On the 1st of September, 1838, he entered the hospital, and was then found to be in the following state: the countenance was collapsed, of a yellow hue; the eyes lifeless; skin dry; the whole body extremely emaciated; the abdomen and left hypogastrium of enormous size, without any fluctuation, and free from pain; both legs paralysed and oedematous; the pulse quick and small; the debility extreme, &c. To these symptoms, after a few days, copious diarrhoea succeeded, the vital powers sank more and more, and the patient died on the 17th of September.

### Inspectio Cadaveris, Twenty-three Hours after Death.

The cerebral sinuses and vessels of the pia mater were filled with blood, and the substance of the brain was somewhat injected, and denser than usual. The lungs contained a few tubercles; the left cavity of the heart was hypertrophic. In the abdomen, between the laminae of the mesentery and the mesocolon, a tumour was found thirteen pounds and a half in weight, ten inches in length, and six in breadth, occupying almost the whole left, and great part of the right, side of the abdominal cavity, forcibly pushing the intestines, stomach, and liver, towards the right; it consisted of two masses; the one lay more

towards the right side, below the liver; the other being situated in the hypogastrium, was traversed by the spermatic chord, which, however, could be traced for an inch only, being, in its further course, confounded with the morbid growth. The posterior portion of the latter was contiguous to the spinal column, and had displaced the aorta and vena cava; the upper part extended to the crura diaphragmatis, between which an encephaloid mass was inserted, lying close to the twelfth dorsal vertebra, and the ligaments of which, as well as the twelfth rib of the left side, were softened and changed into a pulpos semi-fluid mass, with hardly any trace of earthy matter; a small stratum of bone only, contiguous to the spinal chord, had retained its form and density. The tumour itself consisted of a congeries of smaller tumours, each of which appeared originally to have been a mesenteric gland, and could, by careful dissection, be isolated from the great mass. Its substance presented all the characteristic signs of an encephaloid tumour; some parts of it were semi-fluid, of white colour, with reddish tint, without any trace of vessels; in other parts there were cavities filled with a milky fluid, which, in some parts, was traversed by vessels and fibrous filaments; in others, the fluid was dark red, brownish, or black, mixed with blood, and half putrid. The deposits of encephaloid matter were mostly surrounded by layers of cellular tissue; some of them appeared infiltrated. The size of the tumours seemed to bear no relation to their degree of softening; of real scirrhous tissue no trace could be found. The tumour in the scrotum was of the same texture as that of the abdomen; it, moreover, contained three small masses of a granulous, oily matter, of yellowish green colour, very like the substance of tubercles in the brain; the largest of them was contained in a very firm fibrous cyst, of considerable thickness. Between the rectum and bladder, there were also deposits of encephaloid matter, and the seminal vesicles had, for the greater part, degenerated into it. The prostate and bladder were healthy; the liver contained numerous tubercles; the pancreas had undergone the most complete morbid alteration, and appeared, in some respect, to be the centre of the large encephaloid mass. The stomach and intestinal canal exhibited throughout unequivocal signs of inflammation.—*Lancette Francaise.*

### HOTEL DIEU.

#### TUMOUR IN THE TEMPORAL REGION.

M. LARREY lately sent to the surgical consultation at the Hotel Dieu, a young soldier, about whom he wished to have the opinion

of M. Dupuytren. The patient stated, that from his infancy he had been affected with a tumour in the left temporal region, which, until the last ten months, had very slowly increased in size, without causing any pain, though augmented by every effort of expiration. From this time, however, it had grown very rapidly, so as to occupy the whole of the temporal region; being soft, compressible, and without any apparent pulsation. On continued strong pressure, it disappeared for a moment, but gradually returned, especially when the patient contracted the elevator muscles of the lower jaw, and made a great expiratory effort; it was evidently covered by the temporal muscle; the temporal artery was also felt over it, and, as well as its ramifications, appeared in a healthy state. The general health of the patient was very good; his intellectual powers, and the functions of the senses were undisturbed; the only inconvenience which he experienced was restlessness during the night, which ceased only on strongly compressing the tumour. No communication appeared to exist between it and the cavity of the skull. M. Dupuytren regarded it as a vascular tumour between the temporal muscle and the bone, the latter not being in the least altered in structure. The diagnosis was, however, doubtful, and M. Dupuytren remarked, that he had seen a case, which, by its external appearance, bore a striking resemblance to the above, and where an exploratory puncture having been made, a large quantity of serum escaped, and the tumour had disappeared altogether.—*Ibid.*

#### PARALYSIS OF THE FACIAL NERVE ON BOTH SIDES.

A young girl, 16 years of age, who had previously enjoyed good health, and regularly menstruated for about eighteen months, became affected with gonorrhoea, which, having existed for about two months, without any method of treatment having been employed, was followed by an exostosis on the left frontal region. The swelling was free from pain, and very slowly increased in size; but about a fortnight after its appearance, the patient one morning awoke with a sensation of numbness over the left side of the face, and considerable distortion of the mouth towards the right side. A practitioner being immediately called in, bled her twice, and applied leeches to the anus; but without any effect. On her admission at the Hotel Dieu, under the care of M. Dupuytren, on the 30th of December last, the gonorrhoea still existed: the exostosis on the frontal bone had no sign of inflammation, and seemed to be stationary; the left side of the face was completely motionless; speech was but slightly impeded, and the

sensibility of the affected side not at all altered. The patient healed well with both ears, and nothing of a morbid nature could be observed near the foramen stylomastoidæum. After the fruitless employment of venesection and tartarised antimony, M. Dupuytren ordered the ozymurate of mercury, with opium and gum guaiacum, the decoction of sarsaparilla and spare diet. Under this treatment, no immediate alteration took place, but, at the expiration of a week, the paralytic affection of the face was all at once observed on both sides; the mouth was not distorted; the lips motionless; the eyelids could not be closed, the tears ran continually over the cheeks; the whole countenance, which was usually very animated, seemed lifeless, with the exception of the eyeballs, which were moved without any difficulty. The tongue was readily protruded, and not at all distorted; speech, as far as dependent on the movement of the tongue, appeared unimpeded, and the sensibility of the affected parts, as well as smell and taste, were quite natural. The above treatment was regularly continued, and, moreover, blisters repeatedly applied near the ears, and a large seton made at the back of the neck, which at first caused violent inflammation, and remained nearly a month before it began to suppurate. At the end of February, the power of motion began very slowly to be re-established in the face; the patient no longer slept with her mouth open, the discharge of tears ceased, and the eyelids could be more completely closed. The greatest inconvenience which she felt from the loss of muscular power in the lips and cheeks, was during the act of eating, when the greater part of the food always remained between the gums and the cheek, until she had learned to carry the morsel, by means of the tongue and the fingers, into the pharynx, where it was swallowed without any difficulty. When she sneezed, the mouth was opened as usual, but during sternutation itself, the features exhibited no alteration whatever.

After remaining four months at the hospital, she went out in the following condition:—The exostosis had entirely disappeared, and the gonorrhœa was completely cured; her general health, which, during the whole time of her illness was but slightly affected, was very good; the power of motion in the facial muscles was, for the greatest part, restored, but some coldness and torpidity were still perceptible in the features, especially when they ought to have been strongly excited, as in laughing, &c., the eyelids could be closed, but with some effort, and she had completely regained the power of mastication. She was strongly recommended to keep the seton in for some weeks.—*Ibid.*

## HOPITAL DE LA CHARITE.

## ANEURISM OF THE AORTA.

LOUIS BOURNER, *âgé* 51, was admitted on the 17th of March, 1829; he complained of violent pain in the back and abdomen, and an oppressive sensation in the epigastrium; the action of the heart exhibited nothing of a morbid nature; the pulse was slow and regular; there was a slight cough, with little expectoration, and the patient was unable to lie on his back. The thoracic organs having been carefully examined by both the stethoscope and percussion, nothing was found which could have excited the suspicion of any deep-seated disease in them, and, accordingly, not much attention was paid to the case. The chief pain was seated near the lower dorsal vertebra, and prevented him from sleeping. On the 20th, a blister was applied to the chest, but without any effect. On the 22d, he was suddenly seized with syncope, dyspnoea, and extreme agitation, and he died in a few minutes. On examination of the body on the 23d, the face was found swelled and livid; the vessels of the brain gorged with blood; the brain itself healthy; the lateral ventricles contained a small quantity of serum. In the left side of the thoracic cavity, about four pints of liquid and coagulated blood were found, by which the left lung had been forcibly compressed, and pushed upwards and inwards; the blood having been removed, an aperture, about two inches in diameter, was found in the lower and posterior part of the lung, by means of which a communication was discovered to exist between the extravasation, and a large aneurismatic sac on the posterior surface of the inferior portion of the thoracic aorta; the sides of the sac were collapsed; the bodies of the ninth, tenth, and eleventh dorsal vertebra, with which it was in contact, were carious, and destroyed to a considerable extent; the intervertebral cartilages were softened, and had also, in some degree, been absorbed; anteriorly, the aneurism was covered by the left lung, the pleura of which being destroyed for a space of nearly two inches had given passage to the blood through the lung into the anterior part of the thorax. The aorta communicated by means of a circular aperture with the sac, which consisted principally of the dried external membrane, and of layers of fibrine; only a small portion of it, contiguous to the circular aperture, was covered by the internal serous lining. The internal coat of the aorta, up to the heart, was covered with osseous scales, and considerably dilated; the left ventricle of the heart was hypertrophic; the abdominal viscera healthy.—*Journ. Hebdomad.*

## THE LANCET.

*London, Friday, June 5, 1829.*

THE Bill "to prevent country surgeons from studying anatomy, to encourage the disinterment of the dead, to facilitate the exportation of dead bodies to Ireland, to promote the sale of dead bodies, and to inflict upon the bodies of the poor the same marks of ignominy and punishment as are branded upon the bodies of murderers;"—in other words, "the Anatomy Bill," is appointed to be read a second time this evening in the House of Peers; but we again express our decided conviction, that it will not become a law. English noblemen cannot give their sanction to so horrible a measure. The cord which connects the aristocracy and the people is already on the stretch, and fatal, although remote, may be the effects of certain injudicious attempts to extend it. Want of respect is quickly converted into bitter, malignant, and revengeful enmity. The Bill has created an extraordinary sensation throughout all classes of the community, and we are almost smothered by the immense number of letters we have received on the subject, three or four of the shortest of which will be found in another part of our Journal.

The councilors of the College of Surgeons have been manœuvring rather queerly, and we think rather clumsily, in this business. First, they petitioned the House of Commons against the Bill; then they compromised with their opponents, and procured the introduction of the "certificate of competency" clause. Here we should have thought they might have rested. But not so. The spirit of monopoly, ever active, has induced them, after succeeding in the lower House with their favourite RIDER, to petition the House of Lords against the Bill; this last step is a mere ruse, and cannot deceive. But fearing that their

lordships may not have heard of some of the facts connected with the proceedings of this body, we have thought it prudent to state them in a petition, of which the following is a copy:

*To the Right Honourable the Lords Spiritual and Temporal of Great Britain and Ireland in Parliament assembled:*

The Petition of THOMAS WAKLEY, of Bedford Square, London, member of the Royal College of Surgeons,

Humbly sheweth

THAT a BILL, entitled "A Bill for preventing the unlawful Disinterment of Human Bodies, and for regulating Schools of Anatomy," has just passed the Commons' House of Parliament, and has been read (as your humble Petitioner is informed) a first time in your Right Honourable House. This Bill provides that overseers and other individuals having the custody of the bodies of persons dying in workhouses, hospitals, and prisons, may deliver up the same for the purpose of dissection, if such bodies are not claimed within seventy-two hours after death;—that to unlawfully disinter a body shall subject the delinquent to imprisonment for a term not exceeding for the first offence *six months*, and for the second offence two years. That Commissioners shall be appointed by the Secretary of State for the Home Department, to grant licences to persons who may wish to keep schools for dissection, &c. &c.

That your humble Petitioner most earnestly beseeches your Right Honourable House not to pass any law to regulate the dissection of the unclaimed bodies of the poor, or of any other innocent and unoffending persons, until so much of that statute which consigns the bodies of murderers to dissection shall have been repealed. And your humble Petitioner hopes and believes your Right Honourable House will be of opinion, that no portion of the prejudice against dissection, or the dread of that operation, will be removed, so long as it shall be deemed by the Legislature a fit punishment and degradation for the body of the worst of criminals. That your humble Petitioner believes that your Right Honourable House would consider it an act of unparalleled inhumanity and injustice to visit upon the unclaimed bodies of the defenceless and unoffending

poor the operation of dissection, and, at the same time, inflict that operation as a punishment upon the bodies of ~~murderers~~, thus confounding, by act of Parliament, poverty, or the accidental absence of relatives, with the most atrocious of all human crimes.

That your humble Petitioner has seen, and with deep regret, that at the last reading of the Bill in the House of Commons, a Rider was attached, containing a clause to compel all persons who may hereafter wish to teach anatomy, to first obtain "certificates of competency" from such colleges in England and Scotland as are authorised to grant diplomas or degrees," thus conferring this power on the Royal College of Surgeons in London. This Institution was made a distinct corporation by the eighteenth of his Majesty George the Second. And afterwards, through non-compliance, having become dissolved, the members were re-incorporated by the Royal Charter of his Majesty George III, in the year 1806. That this College consists of a Council composed of twenty-one individuals from whom all the other officers of the College are selected. That this Council levies fines on their professional brethren, but refuse to furnish any account of the monies so levied; that they are, for the greater part, LECTURERS ON ANATOMY, and the keepers of dissecting-schools; and, in framing their by-laws for the public benefit, they have not been unmindful of their own. To the proceedings of this body, in great measure, if not entirely, may be attributed the scarcity of subjects for dissection, as the Council declare in their "regulations" that they will receive no certificates of dissections, unless performed in the Winter Season; these disinterested legislators not happening themselves to be ~~summer~~ lecturers. They have also in their "regulations" refused to receive certificates of dissections performed in England, unless those dissections were executed in London; these legislators and their relatives being, for the most part, proprietors of the London schools. In their regulations for attendance on Hospitals, they have also required that the candidate for the surgical diploma shall produce a certificate of *one year's* attendance on the surgical practice of a London hospital; or, a certificate of a ~~year's~~ YEARS' attendance on that of a country hos-

pital, and, in addition, a certificate of *six months'* attendance on a London hospital. Thus balancing a *four years'* attendance on the admirably conducted hospitals of Manchester, Liverpool, Leeds, Birmingham, Bristol, Bath, Exeter, and other large cities and towns, against a *six months'* attendance at such a miserable institution as the Westminster Hospital, an establishment which contains but eighty-two beds, and of these only forty are appropriated to surgical patients. But your Petitioner humbly entreats your Right Honourable House not to forget, that not less than ~~four~~ of the gentlemen composing the Council who framed this "regulation" in violation of all decency and justice, in favour of the coffers of the Westminster Hospital, were, and are, the SURGEONS OF THAT HOSPITAL. Such has been the oppressive and monopolising conduct of the COLLEGE OF SURGEONS, and so completely has it perverted the wise and beneficent purposes for which it was founded, that the great body of members, unable any longer to bear the burdens which had been imposed upon them, and, incensed in the highest degree at the insults which had been offered to them; indignant at the numberless attacks which had been made upon their rights, and privileges; that, at a public meeting consisting of nearly two THOUSAND members of the College, held at the Freemasons' Hall in February 1826, it was resolved, by an immense majority, to petition Parliament for the ABROGATION of the College Charter, under the authority of which the Council had so signally disgraced and injured their professional brethren; and, that the members might be protected against a repetition of the iniquities of which they complained, the Petitioners prayed, that the Council of the College might be elected ANNUALLY by the suffrages of the great body of the profession. This was denominated "the Surgeons' Petition;" and, in addition to the grievances of which your humble Petitioner has already spoken, it was alleged against the Council, that they appointed the auditors of their own accounts, and conducted the whole of their proceedings in private, that a majority of the Council consisted of teachers of anatomy and surgeons of hospitals in London, and that they had framed their "regulations" for their own exclusive

benefit;—that they had excluded all practitioners except *pure surgeons*, from seats in the Council, and thus had kept out of their body all persons, except the *purely* ignorant of the science and practice of medicine;—that although Government had purchased the invaluable museum of the immortal Hunter, at an enormous cost to the country, its doors were almost invariably closed against the members, and that from 1806 up to 1826, not even a catalogue of its contents had been prepared;—that the doors of the College Library, like those of the Museum, were closed against the members, and there was neither a librarian nor a catalogue of the books;—and the Petitioners attributed the whole of the grievances of which they complained, to the mode of government in the College, the Council having the right to fill up all vacancies in their own body, are elected for life, and are to the last degree irresponsible. This Petition was presented to the Commons' House of Parliament, and not a single fact which was stated in it has been controverted; it is still upon the table of that Honourable House, but, as if in mockery of the prayer of the Petitioners, of whom your humble Petitioner was one, the same Honourable House has passed a Bill containing a clause, to compel gentlemen who may wish to become teachers of anatomy, to first obtain "certificates of competency" from the *chartered* teachers of the Royal College of Surgeons in London,—from the same liberal and public-spirited teachers, who have already again and again declared, that they will recognise no certificates but *their own*.

That your humble Petitioner begs to be permitted to remind your Right Honourable House, that it was proved on the trial of the horrible and ferocious Burke, that the sale of a single dead body for the paltry sum of four guineas, led to the murder of no less than fifteen human beings, as it appeared from the evidence on the trial, and Burke's own confession, that it was the facility with which he was enabled to convert the body of the person who had died in Hare's lodgings into money, that led him to conceive the fiend-like project of murdering his fellow creatures for the price of thousand

That your humble Petitioner sincerely hopes, similar atrocities have not been com-

mitted in London, but from what he has witnessed in the dissecting-rooms of this metropolis, he is far from saying, and still farther from believing, that such horrible crimes have not been perpetrated; and he begs to be permitted to state his honest, and most conscientious conviction, that the public will have no security to protect them from similar murders, until there be the severest penalties imposed against exhumation and the sale of the dead.

That your Petitioner, therefore, most humbly prays, that if your Right Honourable House in its wisdom, should deem it proper to pass any Bill "to prevent the unlawful disinterment of dead bodies, and to regulate our Schools of Anatomy," that your Right Honourable House will first repeal that portion of a statute which consigns the bodies of murderers to dissection, and thus not inflict upon the bodies of those who have only the misfortune to be poor, and friendless, what the law has hitherto regarded as only a fit punishment and degradation for the most heinous of criminals.

That your Right Honourable House, in order entirely to prevent the disgusting and inhuman practice of exhumation, will punish those who may be detected in the crime with not less than fourteen years' transportation. That your Right Honourable House will also inflict a similar punishment both upon every convicted seller and every convicted purchaser of a dead body, whether the same may have been lawfully or unlawfully obtained; and that persons having the lawful custody of ALL unclaimed bodies, may, after a reasonable time, be permitted to give up the same for dissection, that the law may thus apply to the unclaimed bodies of the *rich*, as well as to the unclaimed bodies of the *poor*.

That the Fellows, Licentiates, and Members of the Royal Colleges of Surgeons and Physicians in Great Britain and Ireland, may be permitted to dissect all dead bodies of which they may obtain lawful possession; and that their *diplomas* shall be deemed *sufficient authority* for practising such dissections without any other licence or certificate whatsoever, so that the physicians and surgeons distributed throughout the towns and villages of England and Scotland may not be precluded by law from exploring the only true foundation of medical knowledge.

That the Bill may extend to Ireland, and thus place the schools of anatomy in that country on the same footing as those in England, as the exclusion of Ireland from the penalties of the law, would go to sanction the exportation to Dublin, of exhumed and even of murdered bodies from England and Scotland.

That the Royal College of Surgeons may not be entrusted with the power of granting licences or certificates for dissection, and that the Court of Examiners be required to examine all candidates for the diploma without the production of any certificates whatever, regarding the knowledge displayed by the candidate in the course of his examination, as his only claim to be entrusted with the health and lives of his Majesty's subjects; thus giving to talent and industry their due reward, whether found in the humble tenement of a village, or in the gorgeous mansion of a city.

And your Petitioner, as in duty bound, will ever pray, &c.

We again repeat, that there can be no security for the public against murders similar to those committed by BURNER, until the sale of a dead body be interdicted by the severest penalty that the law can impose; and that the prejudice against dissection cannot be dissipated, so long as the legislature shall deem the operation, an appropriate mark of punishment and degradation for the vilest of felons.

Mr. E. M. VAN BUTCHELL has been liberated from Newgate, on bail. His trial will be one of very great interest, and we shall be much deceived if any portion of the evidence that will be elicited, should go to a justification of a verdict of manslaughter. Suppose Mr. MARTIN VAN BUTCHELL had performed the operation of lithotomy on "a healthy countryman"—that the man had died twenty-nine hours after the operation, and that Mr. CALLAWAY, on dissection, had discovered that there was some ecchymosis behind the peritoneum, at the posterior part of the left iliac region;—that there was a free division of the prostate, and a clean cut

into the bladder,—a small tongue-shaped body immediately behind the meatus urinaris, composed of a portion of bladder and prostate, formed by another incision communicating with the first, and a third of an inch behind the opening of the meatus,—that the edges of the incision from the external opening to the bladder, were ragged, and that there was a passage at the side of the bladder. Further, suppose Mr. CALLAWAY had been informed that the operation lasted an hour, that gorgets and scoops, and scoops and gorgets, knives and staves, and staves and knives; forceps and fingers; and fingers and forceps, had been thrust into the patient's body, the whole of the time, and that Mr. Van Butchell had repeatedly declared, he could not explain the cause of difficulty,—what, we say, would be the evidence of Mr. CALLAWAY at the trial of the operator on a charge of manslaughter? Mr. LLOYD would do well to reflect on this. Let it not be said that the balance of Justice is held with a partial hand in England, even between quacks, whether of advertising or of hospital notoriety.

#### DECENCY AND NO QUACKERY.

THE following advertisement, or what else shall we call it, has frequently appeared in the morning and evening papers, within the last fortnight.

This Day is published,

ILLUSTRATIONS of the DISEASES of the FEMALE BREAST. By Sir ASHLEY COOPER, Bart. Surgeon to the King.

In the Press, and very shortly will be published, by the same Author,

ILLUSTRATIONS of the DISEASES of the TESTES.

Sold, &c.

Dr. EADY, of Church-street, Soho; orthodox Dr. EADY! continue to chalk the brick walls, old doors, and lamp posts, with thy name and address simply, and thus show an example, worthy of speedy imitation, to the SERENAPY-SURGEON of our KING.

*Elements of Pathology and Practice of Physic.* By JOHN MACKINTOSH, M.D. *Acting Surgeon to the Ordnance, N. B., and Lecturer on the Practice of Physic in Edinburgh.* Edinburgh, Carfax. London, Longman. 1828. pp. 484.

THE reputation of Dr. Mackintosh, which has for many years stood deservedly high in the profession, has latterly been greatly enhanced, by his bold and successful innovation upon the established treatment of one of the most perplexing disorders with which the art of medicine has to contend. Disregarding immemorial custom, and despising principles which wanted the support of both facts and reason, Dr. Mackintosh was the first to deviate from the beaten path in intermittent fever, and to set a strong example of the importance of attacking with the lancet the cold stage of this difficult disease. He is now extensively known as the author of a remedy which has, in a multitude of cases besides those in his own immediate practice, proved at once decisive and valuable.

In the course of the last volume of this Journal, we published, as our readers are aware, a series of cases in proof of the efficacy of Dr. Mackintosh's plan of treatment, and with the impression, that in noticing his present work, we cannot render those of our readers who have not yet seen it, a more acceptable service, we shall endeavour to present them with the views of the author on the subject of intermittent fever. Our extracts will necessarily occupy a considerable space, and we shall refrain, therefore, from giving a general analysis of the work, which, however, could we find room to do it justice, it would amply deserve. Before inserting the extracts, we may observe, that the present is the first of two volumes which are intended to contain the whole of the theory and practice of medicine, which Dr. Mackintosh has been teaching in Edinburgh for several years. The second volume, we believe, is upon the eve of publication, and, if we may judge by the first, the two will form, both a valuable text-book to his pupils, and a work of interest to the profession at large. The present volume is distinguished by clear and sound pathological views, originality

and independence of thought, a fearless exposure of wig and gown classifications and absurdities, whenever they interfere with true principles, and contains evidence in every page, of the acute and experienced physician.

Intermittent fever forms the first of those divisions into which the subject of fevers in general is separated, and the definition, phenomena, causes, pathology, treatment, and post-mortem appearances of intermittents, are the heads under which it is discussed. Dr. Mackintosh defines intermittent fever to be

"A complaint of very frequent occurrence in all warm countries, and one of the purest specimens of a disease depending upon an irregular determination of blood, in which the system is generally relieved by the unaided powers of the constitution."

He objects to the usual classification. Instead of three kinds,

"They ought all to be regarded as the same disease, with a longer or shorter interval; the one frequently runs into the other. The longer the interval, the more severe the paroxysm, and vice versa."

Under the head of *phenomena*, Dr. Mackintosh has not, as he could not well have, any thing new to add. He observes, however, in speaking of the tremours of the body,

"If I can trust my own sensations, and the accounts I have subsequently heard from others, these affect internal as well as external parts."

We apprehend, that a contrary opinion would be a very irrational one. It would be rather difficult to draw the line between any external and internal portions of the body or its organs, with a view to determine which parts are, and which are not, concerned in that convulsive effort which nature is making to recover the equilibrium of the blood, when the human frame is said to shiver.

On the subject of the *causes*, we need not dwell longer than to remark, that Dr. Mackintosh's opinions are decidedly and very rationally opposed to the doctrine, that exposure to marsh miasm *will of necessity* occasion ague. He is also opposed to the opinion, that it is ever contagious. A summary of his views are pretty nearly conveyed in the following passage:—

"From personal observation, acquired

during a residence and many attacks in a marshy district, the first circumstances which attracted my attention were, that men were more liable to the disease than females, whites than blacks, the dissolute than the steady, and that agues were most prevalent at new and full moon ;”

The daily effects of evaporation being at that time more prominent, from the tides covering the marshes.

*The Pathology.*—Dr. Mackintosh considers that the symptoms which occur in the cold stage are evidences of, and are great in proportion to, a congestion of internal organs, and irregular determination of the blood, the lungs being gorged, and the blood not properly decarbonised. That the tremours are attributable to congestion of the spinal marrow. The sense of cold and pains owing partly to the state of the nervous system, and partly to the state of the lungs. The prostration and sinking to obstructed action of organs; of all which circumstances Dr. Mackintosh considers proof is to be found, in the fact that,

“ Abstracting blood in the cold stage will immediately remove, not only the difficulty of breathing, the pain in the head and loins, disordered functions of the brain, the oppression at the præcordia, &c., but will also stop the rigours, restore the strength of the pulse, increase the heat of the whole body, and cause the sensation of cold to vanish.”

We come now to the *treatment* of intermittents, and taking up the argument at the commencement, shall extract as much of it as is necessary to the full elucidation of Dr. Mackintosh's practice. The whole of the section is written in a style vivacious, practical, and familiar, and, we believe, will be read with a degree of interest that will render unnecessary any apology for the length to which the quotation extends.

“ In the cold stage, which generally lasts from half an hour to two or three hours, the first thing to be done is to endeavour, by every means in our power, to restore the heat of the body, and to relieve uneasy feelings, with a view to shorten its duration, and bring about re-action. Hot applications, increasing the quantity of bed clothes, warm drinks, stimulants, opiates, and æther, have been strongly recommended—with how little success, every experienced man can testify. The best method of applying heat is, to surround the patient with bottles filled with hot water; and it affords considerable

relief when a sufficient degree of heat is applied to the epigastric region. It appears to be more efficacious than the general warm bath, in which I have seen a patient shiver, and complain loudly of the cold, when the bath was heated above 100°. It is a common plan to give a bumper of gin or brandy, with some pepper, to create re-action, and cut short the cold stage; and there can be no doubt that it has sometimes succeeded; but I have seen much injury ensue in many cases. This enables us to account for the horror entertained by the older writers, against cutting short the cold fit, because it was never attempted by any other means than by ardent spirits, large doses of opium, and æther. Dr. Gregory used to mention, in his lectures, two cases of violent epistaxis, which reduced the patients to great weakness, succeeded to doses of brandy and pepper. In the instances which fell under my own observation, and to which I have already alluded, violent head symptoms succeeded, and, in two or three instances, local inflammations.

Bleeding in the cold stage will in a great majority of instances, cut it short; in fact, it will rarely fail in stopping the existing paroxysm, and, on many occasions, it has prevented a return of the disease to which the patients had been long subject, and by which they were nearly worn out. It is difficult to determine what quantity of blood it will be necessary to draw in any given case; sometimes it requires twenty-four ounces; I have known three ounces suffice, and, in one case, an ounce and a half produced the full effect. The better the vein is opened, the greater is the chance of destroying the disease at a small expense of blood; but, in many cases, the operation is attended with considerable difficulty, from the convulsive tremours which affect the whole body. I was once successful by bleeding in a cold stage, which had lasted twenty-six hours. The blood sometimes only trickles down the arm, and, as the system is relieved, the stream becomes stronger and stronger, till at last it springs from the orifice, and before six ounces are taken, the patient will express the relief from violent pain in the head and loins. It will then be observed that he breathes more freely. The tremours become slighter and slighter, and, by the time a few more ounces are abstracted, they will cease altogether, and with them will vanish the painful sensation of cold. The pulse will be found stronger, and a gentle moisture will be observed on the body. If the patient is properly managed with respect to bed-clothes, neither hot nor sweating stage will follow. Most of the patients who have been treated by myself, or by my pupils under my immediate inspection, have fallen asleep immediately after

the operation; but some of them have even got up and dressed themselves.\*

Cullen stated, that all the subsequent phenomena of fever depended upon the cold stage, which, although a mere hypothesis of his, is now, for the first time, proved to be true; but it must be recollected that fevers sometimes exist without any appearance of a cold stage, or even a sense of chilliness. The bleeding appears to act by relieving the heart and large internal vessels from their state of engorgement, by unloading the lungs, and by removing the congestion from the venous system of the brain and spinal marrow; which is exactly what nature effects, but always at considerable risk, by the state which is termed re-action. That the practice is safe, I am warranted in stating, not only from my own experience, but also upon the authority of Dr. Haviland, the distinguished professor of the practice of physic in the University of Cambridge, who has tried it in several cases; of Dr. Malden, of Worcester; of Dr. Buller, of Cork; of Dr. Buchan, inspector of army hospitals, and late physician to the Royal Infirmary of Edinburgh; of Dr. Alison, in the clinical wards of the Infirmary; of Dr. Cambridge, who saved the life of a gentleman on the Continent by this means, after bark and arsenic had failed, and who was so fully impressed with the value of the remedy, that he afterwards submitted himself to the operation on two different occasions. Dr. William Stokes, of Dublin, a physician of great promise, has also tried this practice on a tolerably large scale, and with all the success which he had been led to expect from my papers upon this subject; and he has promised to lay the results speedily before the profession. These gentlemen, and many others, have given their testimony not only as to the perfect safety of bleeding in the cold stage, but as to its great efficacy in stopping the paroxysm in a moment, and also in many cases as to its curing the disease. And if still stronger evidence were required, I can refer, with great confidence, to the cases in the work of M. Bailly, in which the usual remedies either failed, or could not be had recourse to from the patient's dying, shivering in the cold stage. To satisfy the credulous, and those who are bigoted to the system of Cullen, I would still further refer to the dissections recorded in the above work; and in order to provide every practitioner with means of forming his own opinions, I have published an additional paper in *THE LANCET*, together with all the interesting cases and dissections from the work of M. Bailly.†

\* See cases at page 12, 72, 106, 438, &c., of our last volume.—*ED. I.*

† Since writing the above, and while this

A curious and an interesting fact was communicated to me by Dr. Foot, (who served with the 17th regiment in India,) when he did me the honour to attend my lectures, and which he has since published in his thesis—that some Persian physicians apply ice to the surface of the body in the cold stage of intermittents, and it is reported with good effect. I have also heard that it is a practice with some in India, to use the cold affusion. It is proper, also, to mention the plan of preventing the paroxysm upon the first appearance of its approach, by applying tourniquets to the extremities, which was first noticed by Dr. Kellie, in the 1st and 2d volumes of the *Annals of Medicine*. The tourniquets appear to act by confining the blood in the extremities, and preventing so much at least of the congestion in internal organs.

The best treatment which can be pursued in the hot stage, is to remove the bed-clothes as far as the season and the patient's feelings will admit; to sponge the extremities with water, to use cold drinks, and, in fact, to employ every means which can diminish the temperature of the body. If there are marks of any local inflammation, bleeding is to be had recourse to, either general or topical, and has always been employed, by judicious practitioners, under such circumstances; but it is a curious fact, that although bleeding in the cold stage will, on many occasions, prevent a recurrence of the disease, it is rare that the same practice employed in the hot stage will have that effect. I need not speak of febrile and diaphoretic mixtures, which are very good for the druggist, will assist in filling the pockets of the routine practitioner, and suit the notions of a symptomatical physician. It is more than doubtful whether such medicines ever diminished the violence, or shortened the duration, of the hot stage of an intermittent.

When the sweating stage commences, it must be encouraged till all the uneasy feelings are relieved, or at least mitigated. Great injury is done by allowing patients to perspire longer, by which they are not only unnecessarily weakened, but the subsequent paroxysms of the disease are, in general, rendered more violent. The best way of stopping this stage is, to change the linens, after drying the patient carefully with

sheet was in the press, I had the pleasure of seeing Assistant-Surgeon Marshall of the 87th Regiment, who stated that the practice of bleeding in the cold stage was now commonly had recourse to in his regiment; and he added, that he had never seen a case in which he had to regret employing this means, and it had been successful in a considerable number of instances.

towels, and to place him on a couch. A second paroxysm has been frequently traced to a chill, occasioned by the coldness of the damp clothes, towards the termination of the sweating stage. Should there be no marks of any local inflammation, the patient should be offered light nourishing food, and even wine, if necessary.

*Treatment during the Interval.*—The first thing to be done, is to determine whether or not there exists any local disease, and if so, what is its nature and seat? Medical men have hitherto deceived themselves very much by treating this disease, as well as many others, merely from its name; because it is intermittent fever, bark must be prescribed! Another error into which they have fallen, in the treatment of this disease, is, that they imagine the only organic lesions which take place exist in the liver and spleen, whereas the brain and the lungs suffer, perhaps, more frequently. I have also seen fatal affections of the heart arise in the train of consequences from intermittent fever. Bronchitis is also a frequent occurrence. These facts are stated from my own experience; and, except the last respecting bronchitis, they are fully proved by the cases and dissections recorded by M. Bailly, as well as by the facts which are to be found in the works of Pringle, Coghorn, Chisholm, and others. If any organic disease exists, bark will be injurious, until it is either mitigated or entirely removed. Hence, M. Bailly came to the following practical conclusion, that he bled, to dispose the system to receive the action of the bark, and that he has suddenly, by such means, subdued intermittent fevers, which had previously resisted all other means; and he assures us, at page 366, that although he would not proscribe bark, yet he believes that bleeding alone, in most cases, above all, in our climate, would bring about a more substantial recovery than the bark. He also makes a very strong statement at page 375. 'In the commencement of an intermittent fever, (says he,) one is almost always sure to destroy it by a large bleeding; and he shows that this disease is not so fatal to poor, debilitated subjects, as to those who are better off, and better fed. For example, the mortality at Rome, where great misery prevails, is 1 in 26 of the whole population, whereas, in the marshes in the neighbourhood of the Sienna, the mortality is in the enormous proportion of 1 to 10 of the whole population. He also assures us, at page 383, that we are not to dread debility; for he states, that those patients who were bled by himself abundantly, and at short intervals, not only were not depressed by this debility, but recovered in a few days a state of strength and of health which they had not known for a long time.

Had this distinguished author been aware of the safety and success of my plan of bleeding in the cold stage, he would not have made the complaint, that in the worst intermittents, that is to say, those which died in the cold stage, he had 'not time to employ bleeding.' Speaking of bleeding in this disease, he says, at page 383:—'Car j'en excepte toujours les fièvres intermittentes pernicieuses, dans lesquelles on n'aurait pas le temps d'employer la saignée, si on ne se rendait pas maître du mouvement nerveux par ce précieux anti-périodique.'

It is in such instances as these that the great advantage of bleeding in the cold stage is most apparent. In some of M. Bailly's cases, stimulents and bark, in considerable quantity, were given without benefit. By bleeding in the cold stage, we stand upon vantage-ground. We assist the powers of the constitution, struggling to create reaction; we remove the congestion promptly, before any mischief is produced; and we place the patient in a situation in which there is no occasion for those efforts to be called into action, and which, as has been already stated, are never excited without considerable risk. Experience has also taught me, that bleeding in the cold stage is far more efficacious than bleeding during the hot, or in the intervals. Several cases might be quoted, in which bleeding was had recourse to in the hot stage, to moderate threatening symptoms, but without preventing a return of the disease at the regular period; and in these same instances, bleeding in a subsequent cold fit, has had the effect, not only of stopping the existing paroxysm, but of preventing its return.

Bark has been long in use; and although I never denied that it had virtues in this disease, yet, when given in substance, in the large doses which are admitted to be necessary, I have so frequently seen it do mischief, that the question has often suggested itself to me, whether or not it was not more injurious than beneficial? It seems to be injurious, in many cases, by overloading the stomach and bowels with indigestible ligneous fibre, and I have seen it cause serious intestinal irritation, as displayed by griping pains in the bowels, diarrhoea, and painful tenesmus. On examining the stools in these cases, they seemed chiefly to consist of bark, with a considerable quantity of mucus, occasionally tinged with a little blood. The preparation from bark, which is known by the name of the sulphate of quinine, is the greatest improvement in modern pharmacy, and the knowledge of its beneficial, one might almost say *specific*, effects in simple intermittents, affords sufficient proof of the virtues of the substance from which it is extracted; yet this remedy, all-powerful as it is, is useless in the cold

stage, and must also fail in cases complicated with organic disease. Dr. Fordyce, who had great experience in the treatment of this disease, states, that 'in many cases of perfectly regular tertians, the most skillful practitioners have been baffled in the use of Peruvian bark, and every other medicine recommended as useful in this disease.' My youthful readers may rest assured, that the same observations are equally applicable to the sulphate of quinine; yet they will meet very probably with many practitioners, who will assure them that they have never seen a case in which bark, exhibited in substance, or in any other form, has failed in their hands. When they hear such statements, they may rest assured that such practitioners had had the good fortune never to meet with a severe case, or that there is some subterfuge. Some medical men, it is but charitable to suppose, are in the habit of describing themselves; for I have heard of many who allege they cure every case of fever, and every case of inflammation, by brandy, port wine, and beef steaks; and that the patients are to be regarded as in no danger, if they can only be got to swallow plenty of these articles. They also state that they carry lancets in their pockets, but that they never use them on any occasion. The sensible part of the profession regards any man as a quack, or an impostor, who asserts such universal success in the treatment of fevers and inflammations, and particularly by such means. It will be found that such individuals have recourse to subterfuges of the following kind. They undoubtedly lose patients; but as they do not choose to admit they died of fevers or inflammations, they assert that such a one died in a faint, or from debility; or from cachexia; or from a leucopulmonary state; or from the nerves; or from softening of the brain, or some other organ, the effects, according to them, of any thing but inflammation! It may be depended upon by those who are young in the profession, that no means hitherto devised can be expected to be universally successful; and the cases have been already pointed out, in which that most potent of all remedies in intermittents, the sulphate of quinine, may be expected to be beneficial, as well as those in which the same happy result is not to be looked for. It cannot be too strongly impressed upon the mind, that experience has taught me to beware of any preparation of bark, while the patient has fever, or complains of oppression at the præcordia.

Sydenham's recommendation of prescribing bark in the intervals, has been supported by subsequent experience. Bark is given in substance, in decoction, infusion, and in extract; but no one who has seen the superior effects of the sulphate of qui-

nine, will, I am persuaded, ever use bark in any of the other forms, if he can obtain it. With respect to the doses of quinine, Andral states that Lermnier has prescribed it in a very great number of cases, in two doses of three and four grains each, with an interval of half an hour, four or five hours before the paroxysm. And he assures us, that given in this manner, it has almost always cut the fever short. In some cases, the fever has been equally prevented, by the exhibition of the quinine twelve or fifteen hours before the paroxysm. Once the quinine was given by accident in the middle of the cold stage, and that paroxysm was neither weaker nor more intense than the preceding one. The greater part of those individuals who took the two doses of three grains each, had slighter paroxysms than before; but the fever was not suddenly cut short, as it was in those who took the two doses of four grains each. He also states, that in two cases the sulphate of quinine did not subdue the fever till the dose was increased to twelve grains; and Lermnier gave three individuals twenty grains each during the day, stopping the fever without producing any accident. But with several other patients, to all appearance in the same circumstances with the preceding, a few grains of the sulphate of quinine created troublesome nervous symptoms, such as, violent palpitation of the heart; oppression; the globus hystericus; general uneasiness; flying pains in different parts of the chest and abdomen. The manner in which I have prescribed the quinine, is to give three dozen of five grains each, with half an hour of interval immediately before the expected paroxysm; or three grains every half hour, beginning about three hours before the paroxysm. I have taken three and five grains, without feeling any thing unusual, and I afterwards ventured upon ten, but a violent headach followed, and continued nearly three days; I have given ten grains, however, to others, on two or three occasions, without producing any such effect.

Arsenic has been long in use in intermittent fever, and there can be no doubt that it has often proved very serviceable. Fowler's solution is the preparation now in general use, under the name of *Liquor arsenicalis*; the dose is from two to twenty drops, twice or thrice a day. Other tonics and bitters have also been recommended; the best of these is the infusion of quassia. Opium has also been exhibited, immediately before an expected paroxysm, sometimes with benefit, as far as they occasionally cut short an attack, but they generally produce violent headach. Laxative medicines, to keep the bowels easy, form an essential part of the treatment; and in severe instances, the stools should always be an,

amined. I have met with cases which resisted every remedy, till it was ascertained that the patients had given erroneous accounts respecting the number and appearance of the stools; and upon the bowels being put in proper order, the disease has given way without any further trouble. From the idea that intermittent is a disease of debility, many practitioners give nourishing and stimulating diet, with wine, in all cases; but after the pathological account which I have given, and the appearances found on dissection, a word more need not be said to shew the impropriety of such conduct. In some instances it is beneficial, where there is no local disease, in others it must prove prejudicial.\* The patient should be clad according to the season of the year, and the temperature of the climate. He should avoid exposure in bad weather, and particularly in our climate during the prevalence of easterly winds, and keep to the house after sunset, till he is sufficiently recovered."

This extract is sufficient to shew, that the work deserves the highest station in medical libraries.

## LONDON MEDICAL SOCIETY.

May 25th, 1829.

Mr. CALLAWAY, President, in the Chair.

(*The last Evening of the Session.*)

TOTAL MONSTROSITY—DELIRIUM TAYMENS.  
—OTITIS—CLOSE OF THE SESSION.

THE Minutes of the last Meeting were read.

MR. FENNER exhibited a specimen of monstrosity. The patient from whom it had been taken, was a woman at the full period of utero-gestation, to whom he was called. After delivering her of a perfect living child, he thought there was still something in the uterus, but from the size of the abdomen, did not expect there could be another child.

\* It is quite unnecessary to notice the practical recommendations of Dr. McCulloch, who has not practised since the last century, but who, in the year 1827, has taken upon himself to write a practical work. It is surprising that a geologist should be allowed to occupy a pathological field of inquiry, without being blown out of it into his own proper sphere!! I entertain great respect for Dr. McCulloch, as a chemist and geologist, but certainly hold him very cheap as a pathologist.

On introducing his hand, however, he discovered an extremity, and, with slight assistance, brought away the monster which was now before the society. There was but one extremity, which terminated in a sort of club-foot, and was attached to something resembling an abdomen. At the opposite end was a growth, which seemed designed for the head, but it had neither ears, eyes, perfect nose, nor mouth, though it exhibited a sort of profile, with the appearance of a nose. It was attached by the navel string to the placenta of the other child. Before the navel string was cut, there was a very indistinct pulsation in it, but all vitality seemed to leave the moment it was divided. As far as had been traced, there was nothing representing heart, lungs, or stomach. He intended to dissect it at a future period, and should take an opportunity of detailing the appearances.

THE REGISTRAR read a paper, detailing the circumstances of a butcher, 43 years of age, who had been attacked with delirium tremens, which had proved fatal, with an account of the post-mortem examination by Dr. Hodgkin. The patient had been attended by Mr. Callaway and Mr. Iliff. He had been a hard drinker, as well as a laborious man. For a long time past, he had been unable to get out of his bed, and put on his clothes, until he had drunk a pint of porter and a glass of gin; immediately on getting up, he had been in the habit of adding to that, half a pint of ale, and he would not let many hours of the day pass without doing homage at the shrine of Bacchus. On Saturday he was taken ill; he had extreme difficulty in lifting his head to his mouth, when he attempted to take fluids; he had also huskiness and inflammation of the throat. Between the time of his being taken ill and the following night, he was cupped, had leeches and blisters applied, and opium and aperients administered, which seemed to have given him relief. Early on Monday morning, however, he was seized with a violent paroxysm which carried him off. Dissection exhibited a turgidity of all the vessels of the brain; some ossific patches of the dura mater, and a considerable quantity of puriform matter expressible from the lungs.

DR. RIAN wished to know on what principle this case had been treated.

MR. LARRY said, that at the beginning of the complaint, a few ounces of blood were taken away by cupping; as there was evidently a pharyngeal affection, leeches were applied about the throat; opium was given, and the bowels were opened, which for a time afforded considerable relief. The difficulty he had in swallowing, and the convulsions he laboured under, when fluid was

offered to him, at one time created an impression that he had been affected with hydrophobia, which impression increased for a time, when on its being recollected that some few weeks previously, a puppy with which he had been playing, had slightly bitten him. This notion, however, was soon effaced, the dog being now alive and perfectly well.

Mr. DUNN, a new member, introduced the subject of otitis. He considered this disease among children during dentition, much more common than was generally believed, and that it was a subject well deserving of the consideration of the society. His treatment consisted in the application of leeches and poultices behind the ear; in the exhibition of calomel and laxatives, and in keeping the patient cool; absorption of the bones generally took place, and effusion of matter between the dura mater and the bones, which destroyed life. He exhibited a portion of absorbed bone which he had taken from a little patient 4 years of age.

Dr. BURN directed the attention of the society to the anatomy of the parts concerned in otorrhoea, or otitis, on the ravages it made, and to what he conceived to be the proper treatment. The first symptoms generally were, pains in the ear; suppuration ensued, inflammation of the cavity of the tympanum followed, and pus was discharged into the mastoid cells, it then found its way through small foramina, in the petrous portion of the temporal bone into the brain; and either through this, or by an attack of meningitis, patients lost their lives. The whole danger of the disease consisted in the accumulation of pus, which could not find an exit; and the object in the treatment was, if possible, to prevent that accumulation. At an early stage of the disease, this could only be done by injections. Though the complaint had extended very considerably towards the brain, provided injections could be had recourse to, even if it were necessary to apply the trephine for the purpose, a cure might in many cases, be effected. The disease did not take place at any particular period; patients became the subjects of it at 14, 20, 30, or 40 years of age, and it might go on for 15 or 20 years. He had examined a man 42 years of age, who had recently died of this disease. The brain generally presented a very vascular appearance; it was firm and more than usually vascular, and the membranes were particularly so, especially in the neighbourhood of the diseased bone. He believed there was no part of the dura mater absorbed, so as to admit matter to enter between it and the arachnoides. Matter, however, had found its way from the mastoid cells, to between the dura mater and the skull. There was a small quantity of it in that

situation in the neighbourhood of the ear. Great pain had been experienced in this case over the mastoid process, and considerable enlargement of the parts covering it. Mr. Callaway had seen the case; and he (Dr. B.) believed it to be that gentleman's opinion, that if another such case should present itself to him, he would not hesitate to trephine.

The PARSNIPP stated, that when he saw the man alluded to, he was labouring under paralysis of the left cheek (the diseased side) and there was a large tumour in the neighbourhood of the mastoid process. Sixteen years previously he had been thrown from a cart, at which period the pain in the head commenced. It continued for a long time, and medical remedies were resorted to. Shortly after the accident a discharge from the ear appeared, which was in the course of time arrested by stimulating injections, but from that moment the pain increased, and rose to such an extent, that he was under the necessity of reviving the discharge by the introduction of probes. When he succeeded in this, the pain gradually subsided, and the discharge continued without much pain for a very long period. The pain latterly became most excruciating. He (the President) made a free opening into the tumour before alluded to, which was followed by a very fetid discharge, much resembling, in all respects, that which issues from diseased bones. Introducing a probe through this opening into the mastoid cells, they were easily broken down. He carried the probe through them into the internal ear, from which a second evacuation took place, which seemed to give great relief. A dossil of lint was introduced into the opening, the discharge kept up, and the butcher enabled again to attend to his business. Some time afterwards the discharge again ceased; the pain was renewed, and again he called on him. At this time Sir Astley Cooper was requested also to see the case, and it was thought that the trephine should be applied. The man was in great agony, and willing to submit to any thing. A day or two passed away; another consultation took place, at which the operation was decided upon, but in the interim the patient became suddenly comatose, and died.

The President had seen another case of this sort, which proved fatal, in which the internal ear was destroyed, together with a very considerable portion of the cerebrum.

At the close of the evening, the President, addressing the members, said, "It becomes now my duty to inform you, that this is the last night of our meeting for the present season, and we shall adjourn from this evening to the evening of the last Monday of next September. As your President, I feel very

much honoured and obliged by the attention you have paid by your attendance in the Society, to the various subjects that have been introduced to its notice. Though occasionally we may have felt the want of subjects for discussion, I am sure that this has not been the case during the last few evenings, which have been peculiarly interesting. I feel that it is only necessary for us to proceed in the same course, to maintain that reputation which this Society, as the parent of all others, ought to enjoy—the Society from which every similar institution in this great metropolis has sprung; and while it ought to set an example to them, I am satisfied it is capable of continuing to be every thing its members can desire. The accumulation of facts, the discussions to which they give rise, and the association of members, are fraught with advantage, and must do honour to our profession. Trusting we shall all be usefully employed between this and the next session, allow me in conclusion to wish you every comfort and happiness until we meet again."

On the table of the Society were several acoustic instruments, for cases of confirmed deafness, which had resisted every attempt at cure, laid there by Mr. Curtis, whose remarks the President regretted the lateness of the hour had prevented him from hearing. Sir Edward Stracey's lately invented instrument was amongst them. It consisted of the usual ear trumpet, with the addition of a flexible tube for the mouth, by which the power of hearing is importantly increased. Of this apparatus Mr. C. expressed a very favourable opinion. There were also some artificial ears of silver, &c. closely adapted to the frame of the ear, for collecting sound, and an acoustic trumpet with slides, similar to those of opera glasses, for the pocket.

## ST. THOMAS'S HOSPITAL.

### COMPOUND FRACTURE OF THE LEG.

EDWARD HANLEY, an interesting little fellow, four years of age, was conveyed into King's Ward, No. 21, on the 15th of May, at about five in the afternoon, with a compound fracture of the tibia and fibula, at the middle third, caused by a cart wheel running over the leg about an hour previously. There is a deeply-incised wound extending from the spine of the tibia, to more than half round the leg, dividing a large portion of the gastrocnemii muscles; about half an inch of the tibia is denuded, and the upper portion projecting through the wound over the lower. A person was immediately despatched for Mr. Green, who attended at about seven o'clock, and found it necessary to remove

the projecting portion of bone, but had considerable difficulty in overcoming the foolish opposition of the mother, who was present the whole of the time; having set aside her scruples; the operation was performed with Hey's saw. The child did not appear to suffer greatly, but the parent seemed much agitated, perhaps more so than the occasion required; but some allowance should be made for the feelings of a mother in such a situation, and, in our humble opinion, the sithering and laughter of the surrounding pupils might have been spared, at least the oath of one tall gentleman, whose name we need not mention, might, without any impropriety, have been omitted. After the removal of the end of bone, the fracture was reduced without much further difficulty. The wound was dressed with some lint dipped in the blood, and a pair of common splints placed lightly one on each side of the limb.

16. Was very restless during the former part of the night, until five minims of tincture of opium were administered, since which he has been more composed, and now appears perfectly cool and free from pain.

17. Going on well.

18. Has passed rather a restless night, and now complains of pain at the left side of his head. Bleeding at nose, thirst; pulse rather quick. Bowels have not been moved since Thursday last; but has taken some castor oil this morning.

19. No evacuation from the bowels; has taken three doses of castor oil. Still complains of headache; skin hot.

20. Has passed a better night; bowels have been moved once.

21. Rather a restless night, but cool and comfortable now. Wound looking healthy; bowels open.

22. Free from pain, and going on well.

26. Appetite good; bowels open; skin cool. Doing well in every respect.

### RHEUMATISM.

John Connor, infant, 19, was admitted into Edward's Ward, No. 6, on the 14th of May, under the care of Dr. Elliotson. He states, that he caught a severe cold about a week since, and had shortly afterwards a sensation of numbness in the right shoulder, extending up the neck on that side, which was soon succeeded by severe pain on the right side of the head, imperfect vision, giddiness, especially on moving or turning quickly, and pain of the right shoulder, gradually increasing up to the time of his admission. Says the headache, pain, &c., always become worse at about four o'clock in the afternoon, and continue so during the greater part of the night. There is increased heat of skin, especially over the head. His

bowels have been much constipated; tongue coated, white; pulse 98, full, and not very compressible. Ordered to be bled from the arm to 16 ounces, and to take of colchicum wine half a fluid drachm three times a-day; extract of stramonium one grain in the evening.

15. Expresses himself slightly relieved; blood buffed; pulse 96; bowels freely evacuated. The venesection to be repeated to a pint; extract of stramonium two grains, in the evening.

17. Pain in the head considerable, but not so bad as before his admission. Bowels open; pulse soft; very little giddiness, and slight improved.

19. Is free from pain during the day; but the headach returns towards evening, though only in a slight degree, and without any dimness of sight or giddiness. No pain in shoulder or side of neck. Omit the extract of stramonium, and take the colchicum wine only twice in the day.

21. Headach less, and now confined to the occiput, only coming on in the evening. Bowels open; tongue less white.

23. There does not appear to be much alteration. Extract of stramonium, two grains every night.

24. Is fast improving, feels a slight pain in the occiput as the evening approaches, but says it is "hardly worth mentioning." Bowels open; tongue clean; pulse natural.

26. Convalescent; presented. To go out on 28th. The medicine to be continued for seven days.

## GUY'S HOSPITAL.

### CONTUSED LEG, GANGRENE, AND DEATH.

A HEALTHY-LOOKING man, *stat.* 62, of middle stature, was brought to the hospital, May 22, under the following circumstances. He stated that as he was driving his master's team the preceding night, he was knocked down, as he believes, by the shaft of the wagon, (being at that time walking in his sleep,) the wheel of which passed over the inner side of his leg. Was sober at the time. Has led a temperate life. The accident occurred about one in the morning. About half past seven the same morning, the man was brought to the hospital bleeding and much exhausted, having lost a considerable quantity of blood. The leg had not been dressed. The soft parts on the inner side of the leg, from the condyle to the malleolus, were lacerated and very much contused, exposing the periosteum nearly the whole length. On the outer side of the leg was a laceration of the integument only, about seven inches in length. Wine was

immediately given, the man ordered to bed, the leg dressed with strapping, and ammoniac mixture prescribed; at bed time, ten grains of ipecacuanha powder.

On the following day the pulse was favourable, appetite good, skin moist, bowels open, and very little irritable fever. On the second day the dressing was removed, and there being no attempt at union, a common poultice was ordered, which, on the morrow, from the unfavourable condition of the wound, was changed for one of diluted nitric acid. On the 26th the pulse was weak and low, the appetite continuing good; during the night he was very restless, got out of bed in his sleep and fell down, and, in the morning of the 27th, the limb, from the ankle to the trochanter major, was in a state of complete gangrene; brandy and ammonia were freely given, but about eleven o'clock the same morning he died. The poor fellow was Mr. Morgan's patient.

## ST. BARTHOLOMEW'S HOSPITAL.

### AMPUTATION OF THE PENIS.

LEWIS TITON, *stat.* 60, a hand-box maker, of a spare habit, grey-haired, and emaciated, was admitted into Lazarus Ward, under the care of Mr. Lawrence, May 7, with carcinomatous ulceration of the penis. Is a married man, has not been diseased, or ever got any blow on, or injury to the parts that he is aware of. His attention was first called to the disease about twelve months ago. It then appeared in the form of a cluster of small pimples under the fore-skin; they increased in size, and ran into one, and for the last three months, the whole has been a mass of ulceration discharging profusely. There is now a deep excavation with everted edges and hardened base, on the under surface of the corpora cavernosa; a fungous substance shooting forth from under the prepuce, indicating as it would seem, that the glans and prepuce are both included in the disease. Ordered to have the bowels cleared, the extract of conium to be administered, and leeches and poultices applied to the parts.

On Saturday last, at about a quarter to one o'clock, he was brought blindfolded into the operating theatre, to undergo the operation of amputation. When after being seated on the table, Mr. Lawrence took hold of his hand, and asked how he felt, he replied that he was very indifferent, that he was of a very weak constitution, and begged that no more should be removed than was absolutely necessary for the cure. An assurance to this effect having been given by the operator,

he immediately proceeded to the removal of the parts. Taking hold of the diseased portion with the left hand, and extending the organ, with a scalpel he made a circular incision at about one and a half or two inches from the pubic arch. Then after slightly dissecting the integuments up towards the pubes, with three cuts of the scalpel he separated the body of the penis. A considerable quantity of blood was lost, six ligatures were applied, and the operation completed in twelve minutes.

The view of this operation, as well as that of the one following, was at times very much obstructed, by the great number of persons who were permitted to be in the operator's circle. After Mr. Lawrence completed the operation, he turned his back to the patient, and immediately began to dissect the part that had been removed. The poor man raised himself up, took the handkerchief from off his eyes, and was permitted to sit looking over the dissector's shoulder for four minutes, observing as attentively as the operator could possibly do himself, the different appearances each incision presented. At length, requesting to know what was to be the fate of this once important part, Mr. Lawrence turned round, and answered, "Oh! it shall be taken care of, my friend, it shall be taken care of." This occasioned much laughter throughout the theatre.

After the patient was taken away, Mr. Lawrence observed, that from the dissection it appeared, the glands and prepuce were not involved in the disease, as he had expected to find; the scirrhous mass issued from under the surface of the *corpora cavernosa*, travelling along the prepuce to the orifice of the urethra, and nothing short of the operation that had been performed, could have been expected to afford any relief.

18th. Slept well during Saturday night, and until to-day, has been comparatively free from pain, since the operation. The urine has passed away freely. A cold wet cloth has been kept over the wound. It is very painful to-day.

19th. Slept last night, but not so well as during the two previous nights. Complains much of soreness and smarting pains. There is a slight ulcerative process set up on the surface of the wound. Pulse quiet. Tongue clean and moist.

A French Physician has lately related a case of fatal organic disease of the heart and great vessels, in which the patient, a young man, grew three inches in height in twenty-five days. He measured six feet three inches at the age of nineteen, the period of his death.

## ANATOMY BILL.

To the Editor of THE LANCET.

SIR,—It behoves all men who value medical science, and have the safety of their fellow-creatures at heart, to enter their protests against the scandalous Bill that has just passed the House of Commons, consigning the bodies of the poor to dissection, under the mask of promoting the public good.

It is not, Sir, that I, or, as I think, any man, can object to proper provisions being made for the supply of subjects to the anatomist, or to unclaimed bodies becoming the chief source of that supply. But I do object to the cold-blooded details, the infamous omissions and commissions, which characterise this bitter Bill.

I think you would have been wanting in duty to the members of a profession who look to your exertions for the furtherance of its welfare and honour, if you had failed to raise your voice against it. As one of that profession, who cannot fail to be a sufferer by it, permit me to render you my thanks, and enter my protest against the Bill.

Your very obliged,

M. R. C. E.

Warwick, June 1, 1879.

## ANATOMY BILL.

To the Editor of THE LANCET.

SIR,—Most truly and emphatically did you stigmatise the Anatomy Bill, in a late Number, as the "Midnight Bill." Would to God that the shade of the impassioned Chatham could have risen in the House at the moment of its passing, with those impressive words on his lips, in which he once implored his brother peers not to invade the ties of humanity, in the case of America, "at that dark and silent hour when honest men were in their beds, and thieves alone were walking for their prey." Something like shame at so just and touching an appeal might have arisen, to spare us the infliction of a measure of which I hardly know how to speak in terms of sufficient indignation. \* \* \*

I remain, Sir,

Your most obedient servant,

H. GIBSON.

London, June 1st.

## ANATOMY BILL.

To the Editor of THE LANCET.

SIR,—I have been a teacher of anatomy in this city for more than nine years, and I think I have had sufficient experience on the subject, to be competent to pro-

nounce an opinion on the Bill for regulating Schools of Anatomy, on which you have expressed your opinions so powerfully. If I did not feel that I could add little to what you have already said, I should be glad to state my views on it, through the medium of your Journal. I refrain, however, from doing this, but furnishing you with my name, I beg to convey to you my decided conviction, as the result of much reflection, that the ultimate passing of this Bill will tend to the total subversion of every object which it is, perhaps humanely, meant to promote,

And am, Sir, yours, &c.,

DELTA.

Edinburgh, May 30, 1829.

#### ANATOMY BILL.

*To the Editor of THE LANCET.*

Not many years ago my landed property was valued at upwards of 20,000*l.* upon which there was a mortgage of 13,000*l.* In 1822, the mortgage was foreclosed, and at the sale of the property, owing to the effects of Peel's Bill, it produced but 12,340*l.* My wife has died of a broken heart; I have also lost two daughters from consumption, probably brought on by grief, and I am now the poverty-stricken and emaciated inmate of a workhouse, without a single relation to notice me. An Act of Parliament has been the cause of all my misery and poverty, and now another act of Parliament, it seems, consigns me to dissection like a murderer, because I am poor. Gracious Heaven! and can this take place in England. In the abstract, dissection I should disregard, but I look with horror upon being classed with and treated like a murderer.

I am, Sir,

Your very humble servant,

ONE OF THE "UNCLAIMED."

Workhouse, — Worcester-shire,

May 25th, 1829.

#### WESTMINSTER HOSPITAL.

*To the Editor of THE LANCET.*

SIR,—Knowing your desire to ameliorate the condition of the different eleemosynary establishments, and to rid them of their abuses, I take an early opportunity to inform you, that by giving a gentle hint to the conscientious physician of Tuesday and Saturday, concerning the irregularities of his attendance (as he is very seldom at the hospital within half an hour of the appointed time,) you will be rendering a great kindness to the medical pupils of this institution. It is a very serious inconvenience to those

students who have lectures to attend; and as the gentleman in question is (with great propriety) very strict with respect to certificates, it is but fair to those who attend him, that he should be punctual also. It has happened several times, that the pupils having waited a considerable time, have left, and the worthy doctor has made his appearance at the hospital after their departure, the principal part of the patients having been seen by the apothecary. By inserting the above, you will greatly oblige

Your obedient servant,

VERITAS.

Westminster Hospital,

May 28th, 1829.

#### TREATMENT OF TIC DOULOUREUX.

*To the Editor of THE LANCET.*

SIR,—In a case of the *douloureux*, which very recently came under my care, I found the introduction of opium into the system, by the lymphatics, a most admirable palliative. I mixed one ounce of tincture of opium, with two ounces of spirit of camphor, and directed a small quantity to be smartly rubbed in over the facial nerves, at the commencement of the paroxysms, and the integuments afterwards to be covered with flannel. The effects were, almost immediate cessation of pain, a gradual diminution of the excitement of the system, and induction of tranquil sleep. This local treatment, followed up by the internal exhibition of the subcarbonate of iron, in the proportion of a scruple and a half to two scruples, three times a-day, produced, in a short space of time, a perfect cure of the complaint. In communicating to you this case, I wish not to be thought desirous of claiming to myself the merit of any discovery, in thus administering opium and subcarbonate of iron in neuralgic affections; but not being aware that, in this particular disease, they have been used in the manner I have described, I have, on this evidence of their great power, deemed it my duty, through the medium of *THE LANCET*, to lay the case before the profession,

And am, Sir,

Your most obedient and obliged,

GEORGE HENRY EVANS.

Terrace Street, Kent Road,

May 20, 1829.

#### TO CORRESPONDENTS.

Communications have been received from—*Mr. T. D. Robinson—Mr. E. Jones—Mr. W. Wright—Mr. Jennings—Mr. John Leeson—Mr. Charles Brady—C. H. of Dublin—Filius Aurgieri—Joe Burns.*

# THE LANCET.

Vol. II.]

LONDON, SATURDAY, JUNE 13.

[1873-9.]

## OBSERVATIONS ON TRANSFUSION OF BLOOD.

By DR. BLUNDELL.

*With a Description of his Gravitator.\**

STATES of the body really requiring the infusion of blood into the veins are probably rare; yet we sometimes meet with cases in which the patient must die unless such operation can be performed; and still more frequently with cases which seem to require a supply of blood, in order to prevent the ill health which usually arises from large losses of the vital fluid, even when they do not prove fatal.

\* The instrument is manufactured by Messrs. Maw, 55, Aldermanbury.

In the present state of our knowledge respecting the operation, although it has not been clearly shown to have proved fatal in any one instance, yet not to mention possible, though unknown risks, inflammation of the arm has certainly been produced by it on one or two occasions; and therefore it seems right, as the operation now stands, to confine transfusion to the first class of cases only, namely, those in which there seems to be no hope for the patient, unless blood can be thrown into the veins.

The object of the Gravitator is, to give help in this last extremity, by transmitting the blood in a regulated stream from one individual to another, with as little exposure as may be to air, cold, and inanimate surface; ordinary venesection being the only operation performed on the person who emits the blood; and the insertion of a small tube into the vein usually laid open in bleeding, being all the operation which it is necessary to execute on the person who receives it.

The following plate represents the whole apparatus connected for use and in action:—

Tab. 1.



When the apparatus has been put together for use, the following points of management require the attention of the operator:—

First, an ounce or more of clean water (better if milk warm) is to be poured into the coniform blood receiver, the stop-cock being at the same time shut. Secondly, the vein of the patient who is to receive blood is to be distinctly exposed to the extent of half an inch, or more, the integuments and cellular web being laid open by the scalpel; an operation which may be performed by those who are dexterous at a single stroke of the knife. Thirdly, the venous tubule, see Table 2, Fig. a, being plugged into the angular tube which terminates the flexible canula, the operator ought to arrange the apparatus so as to place the tube immediately over the vein of the patient, and then laying hold of the tube moveably suspended above the vein, he ought to bend down and adjust the flexible arm support, Table 2, Fig. c, until the venous tubule is brought into light contact with the vein, so that the horizontal extremity of the tube may lie externally along the course of the vessel to the extent of half an inch. This tubule, it should be observed, is of very pure silver, and flexible, and may, therefore, if necessary, be altered a little in its curves, so as to adapt it with nicety to any accidental variation in the direction of the vessel which receives it; but the less tampering with the silver the better. Of course the point of the tubule ought to be directed towards the heart, and its whole length ought to be adjusted to the direction of the vein with great exactness, so that the extremity of the tube may lie within the cavity of the vessel, without straining or otherwise injuring it, indeed, throughout the whole of the operation, the vein must be spared as much as possible.

These preliminary measures taken, the operator, moving the arm a little aside, ought next to lay open the vein with a lancet, to such an extent (say the tenth of an inch) as may ensure the easy entrance of the pipe; and if any blood issues, a small probe may be slid transversely underneath the vein, between the venous orifice and the inferior extremity of the autaneous wound, so as to enable the operator to close the vein at pleasure, by gently pressing it down upon the probe.

The arm being prepared in this manner, the bracelet, or spring clasp, Table 2, Fig. i (its cup resting rather behind the middle of the screw which supports it, viz. at point z, Table 2), ought now to be put upon the arm of the patient, to which it will cling, and then the ball and cap, Table 2, Fig. h, being adjusted to the cup, but rather lightly, that they may be easily separated again, the

operator, taking a firm hold, right and left, of the two springs which form the clasp of the bracelet, he opens them a little, when he may easily advance or retract the clasp along the arm, so as to bring the silver tubule (disarranged by these previous operations) to its just bearing and light contact with the vein externally as before. At this time the nuts of the flexible arm-support, Table 2, Fig. d, ought, if necessary, to be screwed tight, so as to give stability to the whole apparatus, and preserve the adjustment.

This accomplished, the operator ought now to open the ball and socket joint by separating the cap and cup, and laying hold of the apparatus at this part, he should, *with all gentleness*, pass and re-pass the silver tubule (moveable because suspended by the flexible canula) into the cavity of the vein, so as to satisfy himself that it really does enter the vessel, and that it is not unawares inserted between the vein and its sheath of cellular web, an accident which may easily occur, not without a risk of frustrating the whole operation. After this, again withdrawing the tubule from the cavity of the vein, he may open the stop-cock, when the water in the coniform receiver above will gravitate through the tubes, and being suffered to run for two or three seconds, will completely expel the whole of the air; after which the stop-cock being again closed, the tubes will remain full, (if this part of the operation has been well performed,) a small quantity only of water lodging in the point of the receiver, part of which may be removed, if necessary, by means of a piece of clean sponge, a convenience which should always be at hand.

The operation being brought to this point, the venous tubule may now be easily deposited in the cavity of the vessel; when, by turning the screw, Table 2, Fig. e, the small cup may be made to pass backward and forward, in the direction of the venous orifice, until it is brought exactly under the cap and ball, to which it is to be afterwards screwed down, care being taken not to derange the vein or venous tubule, neither of which are, on any account, to be disturbed.

The tubule being now retained in the vein at the proper degree of obliquity, the cap may be screwed home upon the cup; and if it be thought necessary to advance or withdraw the tubule a little, as it lies within the cavity of the vessel, this of course may be easily effected by the action of the screw support, Table 2, Fig. e, as before.

The hood, Table 2, Fig. k, being now mounted upon the receiver, Table 2, Fig. f, a vein should be opened in the arm of the person who emits the blood, and this arm ought then to be held over the receiver in the usual manner, so that the blood may

flow into it, when the cock may be turned, and the transfusion will immediately begin, the blood flowing along the tube directly from the arm of the person who emits the blood, to the arm of the person who receives it. In this mode of operating, the small quantity of water which fills the tubes will, as a matter of course, enter the veins along with the blood; but though this is certainly undesirable, it does not appear to cause any obvious hurt.

As the operation proceeds, if the blood flow freely, it ought to be collected in the receiver; if it dribbles down the arm, it is better not to make use of it. If the pipes become clogged in consequence of the inspissation of the blood, the operation will be arrested: the stoppage of the operation, when this accident occurs, is an excellence of the instrument, not a defect. To clear the apparatus, a syringe is provided, fitting the opening of the stop-cock, by means of which warm water may be forced through the tubes before the blood hardens in them.

In the progress of the operation watch the countenance; if the features are slightly convulsed, the flow of blood should be checked; and if the attack is severe, the operation must be suspended altogether. On the other hand, so long as no spasmodic twitchings of the features, or other alarming symptoms are observed, we may then proceed without fear.

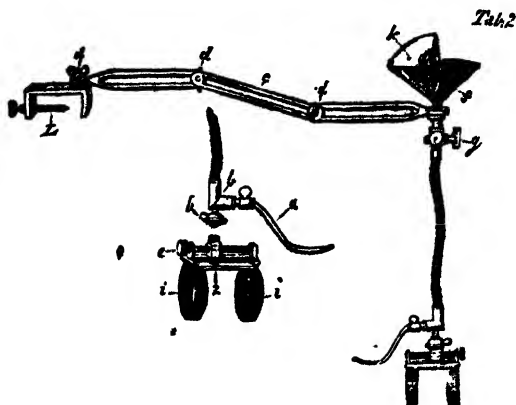
If there be occasion to suspend the operation, all the blood which lies in the apparatus, during the interruption, ought to be cleared away, and warm water being passed through the tubes, the transfusion ought to be commenced afresh.

Throughout the whole process, only a small quantity of blood should be allowed to collect in the receiver at once, nor should its level ever rise above the line drawn around its interior. This line indicates the measure of two fluid ounces.

If the blood collect in the receiver too fast, this may be easily remedied, either by placing a finger below the orifice in the arm of the person who supplies it, so as to check the stream; or else, by requesting him to withdraw his arm, so that the blood may no longer reach the receiver.

In cases requiring transfusion, the heart and vascular system being feeble, there is reason to believe that their action might be arrested by too rapid an influx, and that sudden death might, in that manner, be produced. It is necessary to guard against this accident with care; and it is to be recollected, that by means of the flexible arm-support, the receiver may be placed at any level above the arm of the patient, and that the rapidity of the influx may thereby be increased or retarded accordingly. It should to be observed, the force of the stream may be diminished at pleasure, by means of a partial closure of the stop-cock; and although this tends to produce a slight suction, yet it may, notwithstanding, be the best mode of regulating the impetus of the stream. The force of the stream may also be ascertained, by pouring water into the receiver before the operation is begun, and the elevation of the receiver, or the turn of the cock, may be adjusted accordingly before the operation begins.

The following plate represents the several parts of the apparatus referred to as Table 2:—



Although the description of the instrument must appear complex, its use is simple; in truth, when the transfusion is once begun, the operator has little to do; his principal cares are—first, to see that the cup never empties itself entirely, otherwise air might be carried down along with the blood. Secondly, to make sure that blood which issues by dribbling, from the arm of the person who supplies it, may not be admitted into the receiver, as its fitness for use is doubtful. Thirdly, to watch the accumulation of blood in the receiver, and to prevent its rise above the prescribed level; and, lastly, to observe with attention the countenance of the patient, and to guard, as before stated, against an overcharge of the heart. *This latter cause is of great importance.*

C is the flexible arm, which acts as a support to the rest of the apparatus (excepting the spring clasp, which embraces the arm of the patient): this part of the apparatus is furnished, at one end, with a strong clamp, or vice, Fig. J., for the purpose of attaching it to a chair, (a piece of furniture always at hand, and well adapted for the purpose,) and this is placed on the bed beyond the patient, in the manner represented, Table 1. At the other extremity of this flexible arm is a ring, into which is screwed the stop-cock, Fig. g, which consists of a flexible canula, having at one end a stop-cock, and at the other an angular brass tube, Fig. b, furnished with a ball and loose cap; which ball and cap serve to connect it with the part. Below is the spring clasp, or armlet, intended to cling to the arm of the patient. Upon this clasp is mounted a screw and cup, upon which the cap of the ball is screwed, so as to complete the ball and socket joint, a kind of juncture, giving the universal motion, but capable of being rendered immovable by firmly screwing home the cap, and enabling the operator to fix the angular end of the canula at any necessary degree of inclination or obliquity. There are two venous tubules, the curvature of one having a bias in the opposite direction to that of the other, so as to suit either arm. These tubules being of pure and very soft silver, are capable of being accurately adapted to the course of the vessel into which they are to be inserted. The coniform blood-receiver f, and its hood or partial covering k, are contrived to intercept the stream from the supplying vein, and preclude its passing over the receiver; in the apex of the receiver is a triangular partition, which has the effect of preventing that rotary motion and hollow surface sometimes assumed by fluids when passing through a funnel-shaped aperture. The receiver having its hood fitted upon its rim, is then firmly plugged into the opening made to receive it on the

top of the stop-cock. A syringe, scalpel, lancet, and silver probe are connected with the apparatus, the uses of which are described above.

## FOREIGN DEPARTMENT.

### TRANSFUSION AND INFUSION.

THE following extract, from a recently published work of Dr. Dieffenbach, of Berlin (of which already some mention has been made in THE LANCET) contains an abrégé of the experiments on the above subject, which have been made in France, during the last twenty-five years.

Nysten's experiments on the injection of different kinds of air into the vessels are very interesting. Large quantities of atmospheric air invariably caused death, under extreme distention of the right ventricle; if, however, by the division of the subclavian vein an exit was given to the air, the experiments hardly ever had a fatal result. He never found any air in the arterial vessels, provided the injection had been made into a vein. A small quantity of atmospheric air, injected into the carotid, had no effect whatever; a large quantity caused general paralysis, but seemed to have no direct influence on respiration and circulation, which were, for a considerable time, regularly performed. Oxygen injected in large quantity, into the veins, proved fatal; a small portion of it had no effect. The injection of nitrogen, even in small quantities, and after the division of the subclavian vein, was invariably followed by death; the arterial blood in such cases was found to be of a brown colour. Nitrous oxyd was rapidly absorbed by the blood, and large quantities of it were injected without any ill effect. Carbonic acid was also absorbed by the blood, and small portions of it were easily borne; in greater quantities, however, it appeared to cause pain over the whole body, and eventually death. Carburetted hydrogen, injected into the carotids, caused almost immediate death; the injection of small doses of hydrogen was also followed by death, without any struggle; while the injection of phosphoretted, or sulphuretted hydrogen, caused death, under violent convulsions; the latter gas was quickly absorbed by the blood. Nitrous gas, ammonia, and chlorine appeared to act only by their chemical properties. Nysten concluded, from numerous experiments, that part of the injected gas is thrown off by the lungs during expiration, the greater portion of it being retained in the vascular system. Dogs, which were made to require nitrogen,

were kept alive for fifteen minutes by the injection of oxygen gas into the veins.

Magendie is of opinion, that transfusion from one animal to another of the same species is attended with no danger, even if the experiment be carried to a very great extent. Injection into the veins, according to him, is the best means of introducing remedies directly into the system, and of examining their specific action; morphine, opium, croton oil, and prussic acid had the same effects when injected as when swallowed; the injection of oil was fatal, by the mechanical obstruction of the ramifications of the pulmonary artery; the same effect was produced by the injection of any mucilaginous fluid. The result of the experiment was modified in a most remarkable manner, if the injection was made into a branch of the vena portæ. In one case, Magendie injected an ounce of oil into a mesenteric vein of a dog, which, immediately after the operation, fell into a state of immobility, with great dyspnoea and involuntary excretion of the faeces and urine; this condition having continued for a few days, the animal spontaneously recovered. A week after the first experiment, the operation being repeated, was followed by the same symptoms, which, however, after a few hours ended fatally. The liver was found uncommonly large, of bright yellowish colour, and exhibited some traces of the oil. The injection of narcotic substances into the veins of rabid animals appeared to have no effect whatever. M. Magendie was led to try the result of an injection of tepid water, after free bleeding; a momentary tranquillity ensued after the operation, (which was performed both on dogs and on men,) but the convulsions, within a short time, returned, with ultimately fatal results. In a case of a wound in the heart, where the introduction of air into the latter organ produced syncope and imminent danger of suffocation, M. Magendie succeeded in almost immediately allaying the most violent symptoms, by the insertion of a silver tube into the jugular vein and pumping out the air.

Percy and Laurent assert, that they have cured tetanus by injecting a strong solution of the extract, or a saturated decoction of stramonium.

The recent experiments of M. Gaspard are very interesting, and but little known. Injection of quicksilver into the veins was followed by a fatal effect, but not immediately nor directly; death ensued under the symptoms of violent pneumonia; if introduced into an artery it caused inflammation and suppuration of the parts, to which it was distributed. Mercurial ointment introduced into the vascular system caused extreme weakness and a state of asphyxia,

which, after a transitory re-action, ended in death. The injection of calomel was speedily followed by vomiting and subsequent pneumonia; the same effect was produced by the injection of a grain of sublimate; acetate of lead had no sudden effect, but caused chronic enteritis. The injection of a small quantity of purulent matter, mixed with water, produced great prostration of strength, vomiting, and, after a few hours, a bloody diarrhoea, which symptoms ultimately ended in recovery. Larger quantities of pus introduced into the circulation caused death within a very short time; putrid serum caused dysphagia, bloody dejections, vomiting, and death an hour after the operation. The lungs were found of a dark-red colour, inflamed, and their vessels obstructed with viscous matter; the villous coat of the intestinal canal was inflamed, and the internal organs extensively ecchymosed. No difference was observed, as to effects of the experiments, between carnivorous and herbivorous animals.

A saturated decoction of oak bark caused violent dyspnoea, palpitation, and death; if the decoction was weak, it produced hardly any effect, and M. Gaspard is of opinion, that the diluted solution of astringents might best be administered in this manner. The injection of diluted sulphuric acid, immediately after that of putrid sanies, had no effect in obviating the fatal results of the latter; nor was there any better effect observed from the injection of the decoction of bark, the solution of chlorine, soda-water, or vinegar. The injection of human seminal fluid caused dysphagia, dyspnoea, vomiting, salivation, involuntary excretion of faeces and urine, and insensibility; in all the experiments with it, however, the animals ultimately recovered. Nearly the same effects were observed from the injection of the bile of herbivorous animals; that of carnivorous animals was generally followed by death. The injection of serum caused nearly the same symptoms as that of semen. A strong decoction of the ergot of rye produced violent pain and immobility of the hind legs, dyspnoea, and, if administered in large quantities, death. The injection of most of the above-mentioned substances into small arteries was hardly ever fatal, and terminated in inflammation and suppuration of the cellular tissue. In one case of hydrophobia, the infusion of tepid water into the veins was tried, but without any effect.

From the experiments of MM. Dumas and Prevost, it appears, that in animals which were almost killed by depletion, the injection of warm water, or serum, had not the slightest effect; if, however, blood of an animal of the same species was transfused, in almost every case speedily and com-

plete recovery ensued; if the transfused blood was taken from an animal of a different species, a transient reaction only took place, and death followed before the sixth day; in the latter experiments, respiration did not appear to be disturbed; the pulse was very quick, and the temperature low. The blood of sheep injected into the veins of dogs produced very violent convulsions and death shortly after the experiment.

In a case of violent hysterical trismus, a solution of about seven grains of opium was injected into the basilic vein, by M. Coindet, of Geneva; the patient felt as if a current of fire was running from the arm through the chest and head, and thence to the whole surface of the body, and the spasm, which had resisted several remedies, subsided almost immediately.

The injection of urea into the femoral vein of a dog produced no other effects than increased secretion of urine and great voracity; two ounces being injected into the veins of a dog caused great restlessness and death within ten minutes; the injection of a smaller quantity was found to be followed by emaciation, which, on the fourteenth day, proved fatal. On examination, the lungs were found hepatized.

The injection of strong alcohol was immediately followed by death; diluted spirit produced a state of intoxication; the extract of nux vomica produced tetanus and death within a very short time.

#### ON THE

#### IMMATERIALITY OF THE MIND,

*And its Identity with the Vital Principle; and on the Constitution of the Soul: in reply to Mr. DERMOTT.*

*By JOHN THOMAS, Esq., Demonstrator of Anatomy.*

THE constancy with which you advocate free discussion, and the desire you often express of eliciting truth, persuade me that apology for again troubling you will be needless, and induce a belief that you will provide, without solicitation, a corner in your journal for the following remarks.

In your Number for May 23d, is an excellent paper "On the Functions of the Brain," by Mr. Dermott, a paper containing observations evidently the result of much thought, and which certainly shows that he possesses a metaphysical mind, which by all, I believe, is considered as of the highest order of intellect. I confess I hesitate to enter the lists of controversy with one of such mental capacity, and endowed with so

much acute perception. I hesitate, I say, when I consider this; but, on the other hand, when I reflect that it is a duty imperative on every one to be vigilant in the cause of truth, and where he thinks he perceives the encroachment of error to dispute its progress, and make a stand against it, my hesitation yields to a sterner feeling; and though the risk of defeat and contumacious glare on me, I dare the contest, persuaded that my discomfiture will be the result of the victory of truth. I venture, therefore, with these views, to dissent from the opinions of Mr. Dermott, and to state, that after the most deliberate consideration, I believe them to be quite at variance with revealed truth. Without, then, pretending to be wise above what is written, I shall, in this paper, *first*, present your readers with what appears to me to be the interpretation of Mr. Dermott's theory; *secondly*, give as concise a history of my own, as is compatible with distinctness; *then* raise objections to it, which I will endeavour to answer as they arise; and, *lastly*, conclude by some general observations, more particular ones being precluded by what has gone before.

Mr. Dermott's theory then appears to me to resolve itself into the following particulars:—

I. That the *brute* is the sole originative cause of thought, and, therefore, "it is one and the same thing as the mind," which, for this reason, he calls "a material principle."

II. That this "material principle" is common to all animals, and that the only difference between the brutes and man as an animal is, that in him this principle is more perfectly developed than in them.

III. That the *essential* difference between man and brutes is, that the former has superadded, or "attached to his existence," a principle which, in common parlance, is termed the soul; which is not conscious during this life, but is cradled up, as it were, or preserved in embryo in some place, (in the pituitary gland, for this is well defended from rude aggression?) but "not demonstrable."

IV. That this material principle is the "ostensible representative" of this undeveloped, unconscious, "dormant," and insensible soul during man's terrestrial existence. That though *not free* to act, nor sensible to moral or physical impressions in this life, it is *responsible* for the reprehensible acts of the material principle or brain; for which, though it could not control them, it receives retribution when it awakes from its torpor, or comatose condition, in the world of dread reality; and "because it is the continuation of the same individual's existence."

This, then, appears to me to be the construction which, without any straining, may legitimately be imposed on Mr. Dermott's "theory." And here permit me to observe once for all, that if Mr. Dermott is of opinion I have misinterpreted his sentiments, I hope he will attribute the error, not to wilful misrepresentation, as that I utterly disclaim, but rather to the hebetude or obliquity of my understanding. I shall proceed now to give as concise a history of my own theory as is compatible with distinctness; and in doing so I may premise, that any absurdities it may be thought to involve, are attributable solely to me, as I have consulted neither books nor persons on the subject, it being purely the result of my own speculations, upon what I have thought substantial grounds.

I. *First*, then, I maintain that the vital principle operates immediately upon the brain, and intermediately upon all other parts of the human system; that the brain is the machine, as it were, by which the operations of the mind are made manifest; and that this mind is identical with the vital principle.

II. *Second*, I cannot admit the ubiquity of the vital principle, but I do the universality of its influence; and I believe that the principle of life itself resides in the brain, and no where else.

III. *Third*, I grant the degree of perfection of mental manifestation depends upon cerebral development, in the same way that perfect action in a steam engine does on the excellence of its works; but I cannot admit that the brain is the mind, any more than I can that the engine, whose function is motion, is the fire or steam by which it is caused to set.

IV. *Fourth*, I deny the identity of the vital principle in man and the inferior animals, and, therefore, I propose to distinguish that which actuates the former by the term *human principle*, and that by which the latter are influenced as the *brute principle*; and this, I believe, is perishable, but the other is immortal.

V. *Fifth*, but this immortal, human principle cannot exist separate from deity, unclothed by, or independent of, matter; it is not the soul, however, but is a constituent of what will hereafter form an incorrupt and immortal soul.

VI. *Sixth*, I cannot agree with Mr. Dermott, that what is commonly called the soul is "dormant during life," or that it has any "representative." I believe that the vital principle, which is to be the quickening principle of a new and glorious body (*σῶμα*) after death, is of itself active and energetic during its mundane existence. that it conceives, reflects, and acts, and for its conceptions, reflections, and actions, is

alone responsible, and will be rewarded according to the deeds done in the (*σῶμα ψυχικόν*) animal or mortal body.

VII. *Seventh*, I believe the soul (by the soul here, I mean that which shall exist after death) which is scripturally denominated (*σῶμα πνευματικόν*) a spiritual body, is substantial, i.e. an immortal creature, endowed with the properties of matter, infinitely beautiful, and the perfection of the Creator's works. I use the word spiritual (*πνευματικόν*) as I believe it is generally used by the sacred writers when speaking of the body with which we shall rise again, in opposition to animal and mortal (*ψυχικόν καὶ θνητόν*).

VIII. *Eighth*, I cannot believe with Mr. Dermott, that when the brain dies, the "individual's existence is continued" by the "dormant soul;" it is not scriptural; I think it is unphilosophical and untrue. The soul, or, as I call it, the immortal human principle, I have said is coeval with the body, and always active; I believe, therefore, that at death it drops, as it were, out of the husk or shell by which it is inclosed, and becomes re-encased in a new body, (*σῶμα πνευματικόν*) subject to no deterioration, and that its own existence is continued, freed from connexion with the (*σῶμα θνητὸν*) animal or mortal body, which is impure, and has stamped upon it, like all things terrene, decay and dissolution; and,

IX. I believe that this immortal body (*σῶμα πνευματικόν*) similar in appearance, and, in fact, in every thing sufficient for identity with the mortal body (*σῶμα ψυχικόν*) will hold the same relation to surrounding objects in the world to come, as Adam, our great progenitor did at his creation and before the Fall; hence I infer that heaven is a place, and not a state of being.

These, then, comprise the substance of my opinions, which are diametrically opposite to those of Mr. Dermott. I shall proceed now to raise as many objections as I possibly can; they will be founded on established opinions, Mr. Dermott's theory, and the peculiarity of my own views, and I shall endeavour, as they arise, to answer them; but this I expect not to do to the satisfaction of every one, I shall content myself, therefore, with the attempt, and leave your readers to their own decisions.

*Objection I.*—How can the mind be identical with the vital principle, seeing that the principle of life is said, by high authority, to pervade all parts of the system, if the identity be admitted, then mind must be universal, and is it not absurd to place mind in the stomach, liver, lungs, &c.?

*Answer.*—The assertion that the doctrine of the omnipresence of the vital principle is believed by high authority, adds nothing to its validity, from the fact, that such arises

the most formidable differ among themselves. For my own part, as I have before stated, I cannot admit the ubiquity of this principle; if it were present in every part of the body, why need there be such a plentiful distribution of nerves to all the regions, and these nerves, too, ultimately referable to the brain and spinal marrow? These nerves are known to preside over voluntary and involuntary motion and sensation; but they themselves do not determine if motion or sensation shall take place in certain parts; if they did, they might not please to be simultaneous in their operations, whence much confusion might arise. But they convey to the mind intelligence of external circumstances, upon the knowledge of which it frames its resolutions, which it causes to be enforced by a class of nerves subservient to its purposes. Hence we perceive that the power which presides over the animal, is situated at the confluence of the nerves, is acted upon, and acts. I say, then, it resides only in the brain; and that it does not in the spinal marrow, is proved by the fact, that in fracture of the vertebra, with depression, all voluntary motion and sensation cease below the injured part;—that it does not reside in the solids, is proved by the fact, that if the nerves distributed to a part be insulated, the same thing results; but it is still alive; the part lives, not because the principle is innate, but because its influence upon the circulatory system continues, which causes the vessels still to convey the pabulum of life to it for its support: stop the flow of blood to the part, and the consequence is its death. The residence of the vital principle being established in the brain, which is its palace, where it wields the sceptre of its sovereign will, I come now to consider the question of its identity with the mind. I think I have shown that the vital principle does not exist in every part of the body; if, therefore, I prove the identity of the mind with it, I shall have completely answered the question, as far as its absurdity is concerned; but in order to save time, I will raise the next objection, and endeavour to answer both.

*Obj. II.*—Is not all animal matter influenced by, and subject to the same laws, and do not like effects proceed from like causes; and if so, can there be a difference between the vital principle of brutes, and that of man, seeing that they, in their operation on matter, produce similar results?

*Answer.*—There can be a difference, and the same effects may be derived from causes the same in some respects, but dissimilar in others. For example, there may be two watches, one of which indicates the hour and minutes, the other, in addition to this, points out the seconds, now the power which moves the hands in both is similar,

since they produce the same results, namely, those of telling the hours and minutes; but they differ in this; that the latter watch has a power superior to the former, and can, therefore, produce a different effect. So, I conceive, it is with the brute principle, and the human principle; for the power of one is superior to the other, and this difference, I believe, depends upon the *two dissimilar sources* from which they were produced, and not, as is by some supposed, upon the difference of organisation alone. If we peruse attentively the history of the animal creation, as recorded by Moses, we shall there find a very circumstantial account, which points out so clearly, "that every one who runs may read" the origin and cause of difference between the two principles. "And God said, Let the earth bring forth the living creature after his kind;" "and God made" (or spoke into existence) "the beast of the earth;" "and God saw that it was good." Moses then, in chap. i. ver. 26, relates the creation of the first human pair; but not satisfied with a general account, he details more particularly the manner in which man was created, and how he became a living soul. "And the Lord God formed man of the dust of the ground, (Gen. chap. ii. ver. 7,) and breathed into his nostrils the breath of life (*to athena tou biou*); and man became a living soul (*gyvero eis psychē zōon*)."  
Now the creation of the inferior animals is very analogous to that of the vegetable kingdom; vegetable life and brute life were both conferred by the command of God; "and God said, Let the earth bring forth grass, &c.;" but, in the creation of man, the Deity condescended "to breathe into his nostrils" a part of his own pure essence; he chose to animate man's body, which he had formed from the dust of the ground—"divine participation;" and since he had made man "in his own image," he determined to confer on him such a principle of life as should be not only sufficient for animal existence, but which should partake of his own divine nature, and thus, at once, supply him with vitality, mind, and immortality. Is it then, I ask, irrational to suppose the mind identical with the vital principle; and that the human principle and the brute principle are not the same, seeing that they are derived from two such different sources—the one from the earth in common with vegetation, and the other from God himself? He might indeed have commanded man to exist, when he said, "Let the earth bring forth the living creature," he might, too, have bestowed upon him immortality; but no, he willed a higher relationship than that for man—he inspired into him a particle of his own nature, and thus formed him the pure offspring of himself.

*Obj. III.*—Do we not say "soul and body;" how then can the soul be a constituent of the soul which exists hereafter; is it not a pure elemental spirit—an entity which can exist independent of matter, though, indeed, connected with it during life; if so, is it not absurd to make it a constituent of a new creature?

*Answer.*—The word *ψυχή*, I find, is used by the writers of the New Testament, both when they speak of this mortal body, and of that which man shall possess after death. It is a word deduced "from the Heb. *נֶפֶשׁ* to place, as being the *place* of the soul." Now if the sacred writers use the word *ψυχή* indiscriminately, when speaking of the animal and spiritual bodies, may we not infer that the *ψυχή* in both instances is for the purpose of enclosing or containing the responsible and immortal principle of man? It is not my intention to discuss the nature of spirit, or to enter into inquiries "of entity and quiddity," or such like metaphysical speculations; my object is to show that the spirit of man, the human principle, or by whatever name it may be called, at death merely quits a corruptible for an incorruptible body (*σῶμα*). Death I consider as nothing more than a purifying process; one by which the immortal constituent of man is freed from a tainted incumbrance. Paul's illustration of the resurrection, 1 Cor. xv., I think, is simple, beautiful, and very much to the purpose; some, he says, will inquire "*τοίς δὲ σῶματι ἔρχονται;*" with what body will they (*of vessel, the dead*) come? And adducing the example of a grain of wheat, he replies, "*οὐτὸ σῶμα τὸ σαρρῆνον ἡσυχῇ;*" thou dost not sow that body which shall be hereafter, i. e. the mortal body is not that body which will form the place of the immortal principle, any more than the exterior of a grain of wheat is the plant which grows from it, and afterwards produces similar grains. No; man's body first dies, and then the vital principle which once animated it, forsakes it for ever. It appears to me absurd to suppose that the mortal body ever rises again; one might be plesant here in favour of dissection, but all that could be said may be easily imagined by the most common understandings, therefore we will let it pass. At death, then, the spirit leaves the animal or mortal body, (*τὸ σῶμα ψυχικόν*) and becomes inveterated in a new, incorruptible, and spiritual body (*τὸ σῶμα πνευματικόν*); this, therefore, is what I understand by the immortal soul, or, in Mr. Dermott's words, "the continuance of the individual's existence." Was not Adam before his fall thus constituted, and if that unfortunate occurrence had not taken place, would he not have been immortal? This is undeniable. What was Adam but a particle of the Deity embodied in a pure and unde-

fined receptacle; and what is man now, but the same divine principle contained in an impure place; and what is the immortal soul, but the particle of Deity re-embodied in purity? I believe, then, that an immortal soul consists of the human principle, and a body which is incorruptible, (*τὸ σῶμα ἀσφύκτον*), that it will inhabit a place, and be in its relation to external objects in circumstances similar to Adam; when he reigned sole lord over his domains in Eden. With these views, then, is it absurd to make the human principle, or, as it is in common discourse called, "the soul," a constituent of a new creature? I think not; but we shall see, "when all things have passed away and become new."

Mr. Dermott's opinions, I must confess, tend very much to materialism; by this I mean that they encourage the belief that when matter ceases to live, man's spiritual part dies also. It is true he provides a "dormant" being which is to spring into life at death, loaded with the offences and sins of thinking matter, for which, though it does not commit them, it suffers, and for no other reason than because "it is the continuance of the same individual's existence." Let me not, however, be misunderstood; I do not say that Mr. Dermott attached this anomalous principle to matter to satisfy the fears of some, or to allay the conscientious qualms of others, or that he did it to ward off the imputations likely to be "attached" to him, were he to form a theory of mind which divested man of his immortality; I do not say this; but still, if his theory be taken simply upon its own merits, I think it authorizes the view I have taken of it. As for the mind being the brain, I cannot admit that; shall we say that the rotation of certain wheels in a machine, is the machine itself? Shall we then say that the actions of the heart, lungs, and brain, are these organs themselves? No; but this I think we may affirm, that the brain is an organ composed of various parts, each endowed with a certain faculty, and is acted upon by a principle which causes it to produce various manifestations. The perfection of these results, I agree with him, depends upon the development of the brain; in the same way that the more perfect a piece of mechanism is, the more complete will be its functions, at the same time it is not independent of the moving power, as I have shown above.

Thus, Mr. Editor, I have endeavoured to discuss with candour, the subject to which Mr. Dermott's opinions have given rise; whether I have succeeded in establishing my own, and overthrowing his, or have failed in both, I leave with your readers to decide.

1, Dean Street, Canterbury Square,  
Borough, June 4, 1829.

## AMERICAN OPINIONS AND PRACTICE.

[*American Journal, February, 1829.*]

## FOLLICULAR INFLAMMATION OF THE INTESTINAL CANAL.

*Cholera infantum* is a disease entirely American; and, in Philadelphia, the number of deaths under two years of age from this complaint is, on an average, two hundred annually. Great, however, as is the store of information which must accumulate, connected with it, there is not one dissection a year reported to the medical public. The affection prevails in the summer among children of two years and under, and the phenomena resolve themselves into a strongly marked change of the alvine evacuations, which cease to be natural and well-elaborated stools; the natural stools are retained, and such as are passed are derived principally from the chylopoietic viscera themselves. They occur from three to twenty times in the twenty-four hours; these are want of appetite, irritability of the stomach, and vomiting; restlessness, emaciation, and languor, as the disease advances; delirium, coma, or hydrocephalus, in its last stages. When fatal, it runs its course from a fortnight to six weeks. It is evidently in the mucous coat of the alimentary canal that the true morbid characters are found, the peritoneum being, generally, entirely sound. These consist in an inflammation of the mucous coat of the stomach and small intestine, rarely, if ever, followed by ulcers. I have some reason however to believe, that the affection is rather a follicular than, as is generally supposed, an erythematous inflammation; a disease of the innumerable glands or follicles extended from one end to the other of the alimentary canal, rather than a common vascular inflammation. The attention of the reader is called to the following

*Dissection.*

June 30, 1828.—The child, aged twenty months, has had, for the last three weeks the usual symptoms of cholera infantum, attended with a little hooping-cough. The death was unexpected.

Abdomen: peritoneal surface of viscera healthy; liver of a light yellow colour; gall-bladder distended with bile; spleen healthy. Mucous membrane as follows: that of the stomach of a salmon colour, and of a consistence which permitted it to be scraped off very readily with the finger nail. On the small intestine it was generally of the same colour, but interspersed at distant intervals with patches of injected blood-

vessels, but no extravasation. The clusters of muciparous glands or follicles were very distinct to the naked eye, and had their orifices also enlarged and tumid. The same condition of the muciparous follicles prevailed in the large intestine from one end to the other; but they were larger and more tumid, and gave to the mucous coat somewhat the appearance of having been sparingly sprinkled with fine white sand. In both small and large intestines the mucus seemed less consistent than usual. The weather being sultry and oppressive, we did not extend the examination further. I carried, however, the whole of the large, and a portion of the small, intestine away, macerated it so as to remove the blood, and then suspended it in spirits of wine. This process has made the anatomical characters of the follicular affection much more distinct, by removing the tinge and mucus; and by floating the affected tissue, its folds and processes are kept extended and separated, and thereby give more prominence to the glands or follicles. Thousands of them, the ulceration of which was previously imperceptible, are now seen very clearly to be in that state. The maceration and suspension in a fluid, has moreover brought into view several common erythematous ulcerations on the jejunum, about two lines in diameter, and which escaped my observation entirely during the dissection.

After what has been stated, in this and another similar case, on the consistence of the mucous coat of the stomach, it becomes a very interesting object of inquiry, whether this was a normal or a morbid state of its texture. I am as yet deficient in those facts from personal observation, which would enable me to assign some standard of consistence to the mucous coat of the stomach under two years of age. I have, however, no doubt that it is much softer at that period of life than it is in the adult, and the probability is, that from being so soft as to be readily scraped off with the finger nail in the early months of existence, it then increases successively and gradually in its consistence as one advances into old age, and until it becomes a membrane of sufficient tenacity to permit very readily its being dissected up as such with a scalpel. This subject is, however, quite open to inquirers, and sound conclusions upon it made by multiplied observations, would confer a great benefit upon the profession.—*Professor Horner, Univ. Pennsylvania.*

## CONTAGIOUS DISEASES.

There are certain diseases considered as contagious, one of the remarkable peculiarities of which is, that when once individuals have gone through them, the charm is dissolved, and they are for ever afterwards in-

noxious. Another circumstance worthy of remark is, that these diseases have their primary seat in the follicular system, as, for example, the small-pox and the chicken-pox. They appear occasionally under such doubtful causes, that the opinion may be reasonably entertained of their spontaneous production in the localities, where they appear from time to time. Have we not then mistaken too frequently this peculiarity of disposition in the organism to fall into certain morbid conditions, for distant sources of contagion, for a power in disease as an essential existence to propagate itself, like plants or animals, by its seeds, as they are ridiculously called? May not cholera infantum, for instance, as a follicular disease of the intestines, be the inevitable lot of every individual of the human family, but under circumstances of various severity, being mild, scarcely perceptible in some, and in others being aggravated by the season of the year, by the local circumstances of the individual, and by his early infancy? May not, in fact, the whole follicular system of the body be successively under the necessity, in most individuals, of undergoing inflammation, the symptoms of which will of course vary, according to the functions of the part in which the follicles are placed, and give rise apparently to diseases having no external analogies? As, for example, in the inherent follicular inflammations of the skin, we have what is called small-pox, from its vesicular or bladder-like appearance;—in the inherent inflammations of the follicles of the intestines, we have what is called a cholera or flux of children, because the bowels are continually expelling their contents, being too irritable in most cases to retain them; and is it not perfectly consistent with the laws of induction, that when a similar innate inflammation attacks the follicles of the trachea and lungs, we shall, of course, have symptoms suited to the organs assailed? In fact, what is whooping-cough but an ingenerate inflammation of the mucous follicles of the air-passages, manifested by the immense transparent mucous discharges, which are brought up by the teaspoonful after a fit of spasmodic coughing? May not then the theory of contagion rest upon the explanatory fact, that till the ingenerate diseases of the follicular system have been gone through, the individual is liable to have them excited by such individuals as are labouring under a similar affection?—*Professor Hæner.*

#### EFFECTS OF HIGH TEMPERATURE AND COLD WATER ON THE SYSTEM.

The effects of continued high temperatures on the constitution, are the derangement of all the functions of the body, and,

ultimately, its destruction. The earlier influences of spring are mildly stimulating; the skin becomes soft and relaxed, the heart beats with greater force, the extreme vessels of the body are filled with a fuller tide, and the fluids of the body come to occupy a larger space. Hence, if the relaxation of the vascular system does not keep pace with this expansion, a tendency to various hæmorrhages from rupture, or other consequences of over-distention, arises; of these are headache, languor, anæsthesia, constipation, &c. Bloodletting, or cathartics, are each capable of giving a variable share of relief to these disorders. My preference is for the cathartic; the most complete and permanent relief is best gained by a persevering use of alopecia. There are, however, measures by which I think a resort to medicine is rendered unnecessary; reduction of diet, vegetable aliment, a careful avoidance of sudden change in the dress, and the use during the heats of spring and early summer, of ice and iced water, which latter I am disposed to recommend from attractive observation. Can thus applied, I look upon as one of the most effectual, as well as grateful of our tonics, doing away the feeling of vacuity and oppression at the stomach, so well known to the unhappy dyspeptic, and occasionally faint, perhaps, by every one, relieving all the other irregular sensations of internal heat and irritation, and proving abundantly diaphoretic. Indeed I know not a more prompt and certain sudorific, whether in health or disease, than a draught of water as cold as it can be taken. I am not unaware of the generally received opinions of the danger attending the use of such cold water when the body is heated. I have before me at this moment the treatises of Rush and Currie upon the diseases occasioned by drinking cold water in warm weather. I might content myself by referring to the important discrepancies in their statements and their reasonings upon the subject; the first attributing to the strong contrast, or shock, all the ill effects detailed; the latter, whose reasonings are more full and ingenious, yet still not altogether satisfactory, ascribing them to a debilitating power exerted on bodies already weakened by fatigue and sweating. After due consideration of the facts stated by both, we must come, I think, to the conclusion, that some condition or circumstance essential to the production of the evils detailed, has been overlooked or omitted by both, that is to say, that the death in the single case noted by Currie, and in the similar cases quoted by him from other authors, and the deaths and symptoms recorded by Rush, were not occasioned simply by the drinking cold water, either when very hot, or while cooling after having been much heated. It is to be observed, that I do not

doubt or deny the danger of applying cold to the surface when in a relaxed state. On this point I fully agree with Currie; but this is foreign to our present discussion. I have never seen a death from drinking cold water, nor have I been able to obtain any authentic account of such an event having occurred since I have been engaged in the practice of medicine in this city. Yet here, if any where, such accidents should occur. Immense quantities of ice and iced fluids are daily consumed here, by persons subjected to the several conditions set down both by Rush and Currie, as calculated to favour the morbid influence of the agent in the highest degree. The effects to be produced by cold drinks while the body is in a heated state, will occur as well when the water is at 80°, or when toddy or punch have been the medium employed.

In cases of phrenitis, which have occurred to me, I have not, in the first instance, employed the lancet. All that could be hoped for from this useful instrument at this period was as perfectly, easily, and safely effected by cold affusions. He who has not learned the efficacy of this simple remedy in cerebral affections, may add an important agent to his list. The patient being raised to a sitting posture, cold water should be poured from the height of a few feet upon his head. The flushed face will become pale, the hard quick pulse will sink to a mere thread, and the coma and stupor will rapidly subside. Again and again the symptoms returning, will call for a repetition of the affusion. I saw in one day five persons in the situation above described, three of whom recovered entirely under this simple means of cure. If the recovery was not thus complete, and mania and phrenitis supervened, the cases were, for the most part, manageable, but now a free use of the lancet became necessary, and purgatives of the most active power were demanded.—*Professor Dickson, Med. Col. S. Carolina.*

#### CASE OF AMNESIA.

It is a question yet to be decided, whether the intellectual and moral faculties have for their various modifications distinct organs, or have the brain as a common organ, in which the different faculties may be displayed. This question is to be mainly resolved, it is most probable, by a careful attention to the intellectual phenomena in a morbid state. In this view, the following case, it appears to me, is deserving to be placed on record.—

The Rev. Mr. R., *etat.* 48, is of a sanguine temperament, tends to obesity, enjoys excellent health, his intellect of a high order, temper good, and lively. He has

lately experienced some mental anxiety. Sept. 5th, 1828, he awoke early with head-ach, after a restless night. He had taken a sudden cold the previous evening. Some castor oil now exhibited acted freely, and he again laid down. At eleven I was sent for suddenly, and found him in bed, evidently in the full possession of his senses, but incapable of uttering a word. There was frontal pain over the eyes; the tongue was in no way affected. All my questions were perfectly comprehended, and answered by signs; and it could be plainly seen, by the smile on the countenance, after many ineffectual attempts to express his ideas, that he was himself surprised, and somewhat amused, at his peculiar situation. The face at this time was flushed, the pulse full and somewhat slow, and to my inquiries if he suffered pain in the head, he pointed to the front of his forehead as its seat. I directed hot water to be brought in a bucket, for a pediluvium, and made preparations to draw blood. Mr. R. exhibited at this time a strong desire to speak, and, after a great many ineffectual efforts, endeavoured to make me comprehend his meaning by signs. Finding I could not understand him, he made a sign that he would write. When furnished with pen and paper, he attempted to convey his meaning, but I saw he could not recall words, and that he had written an intelligible phrase; it was "Didoes doe the doe." Forty ounces of blood were drawn from the arm, and before the operation was completed, speech was restored, though a difficulty continued as to the names of things, which could not be recalled. The bleeding and pediluvium produced some faintness, and he was placed in bed. The loss of speech appearing to recur again, in fifteen minutes, ten ounces more of blood were abstracted, and sinapisms applied to the arms, legs, and thighs, alternately: the skin became moist, and the head-ach was relieved. Mr. R. now communicated to me, that when he made the attempt to write, he had intended to inform me he had already used a foot bath, and I might see the floor still wet, where the water had been spilt. The sleep that night was disturbed by uneasiness and throbbing in the head, which disappeared in the course of the 6th, and no further return of the affection has occurred.

The inferences to be drawn from these facts, are, 1st. That as the cerebral irritation produced no general affection or disturbance of the functions of the brain, it was local or limited; and, 2d, as loss of language was the only functional derangement of the intellectual faculties, that faculty must have been connected with the portion of the brain, the seat of the irritation; and, 3d. That an organ of language exists in the brain. This case leads a strong

confirmation to the general truth of the doctrines of Phrenology.—*Dr. S. Jackson, Pennsylvania.*

#### CASE OF TRACHEOTOMY.

A child of Mr. F. took a bean into the trachea, the symptoms attending which, clearly indicated the necessity of an operation, which was performed in the following manner:—A heavy table was provided, with the side leaves turned down, leaving a horizontal surface, sixteen inches wide, covered with blankets, with a firm roll of cloth four inches in diameter across the end. The child was firmly secured on the back by the hands of assistants, the nape of the neck resting on the roll of cloth, the head carried far back over the end of the table. An incision was made from the lower edge of the thyroid cartilage to within a quarter of an inch of the sternum. After waiting a few moments for a slight bleeding to subside, a puncture was made into the trachea, with a slender double-edged scalpel in the centre of the incision, dividing one cartilage; then with a curved probe-pointed bistoury, the puncture was dilated from within outwards, dividing one cartilage above and one below. In this elongated state of the parts, the division of three cartilages made an opening sufficiently free to admit the forefinger of the left hand into the trachea. The finger was introduced to separate the edges of the incision, which did not incline to retract. Immediately after withdrawing the finger, with a spasmodic effort, a bean was expelled with considerable force, and lodged on a bed which stood in the room. This saved us the trouble of attempting that part of the operation which I most dreaded; for experience had taught me to envy no man the pleasure of probing in the trachea for beans or peas. Half an hour after, the opening still retained the shape of the finger, large and free; the divided cartilages had approximated but very little. The wound was then brought together, and secured with adhesive plaster, and being unwilling to disturb the stomach, we gave no medicine, excepting a few drops of laudanum, at the same time directing a spare diet. The plasters succeeded imperfectly, partly in consequence of the action of the mastoid muscles, and because the opening was rather too low on the neck to admit of their being applied to the best advantage. The air rushed through the aperture occasionally for forty-eight hours, but never after. I dressed the wound a few times, and discontinued my attendance in about two weeks. At the time of the accident, the child had not entirely recovered from the whooping-cough, but the cough troubled it very little after the operation. The wound was cicatrized at the end of eighteen days. A short

time previous to this, a slight dysenteric affection took place, for which the family gave some domestic medicines. A few worms were discharged, and the child soon recovered, the cough wholly subsiding at about the same time. The result of this case may, I think, be attributed in part to the position of the child when the opening was made. By carrying the head very far back over the cylinder of cloth, the trachea became considerably curved. In the act of coughing, the bean was suddenly carried from one end of the trachea to the other, and when forcibly propelled, would probably incline to the longest side of the curved tube; the opening being in that part, and as large as the cavity of the trachea, we had some reason to expect what actually took place, the expulsion of the bean. By introducing the finger, and turning it a quarter round, the elasticity of the cartilages seemed to be destroyed, or at least suspended for a length of time sufficient for our purpose. In another subject, the elasticity might not have been so easily overcome in this manner. The operation never seemed much to affect the general health of the child, and the most difficult part of the after-treatment was to restrain the immoderate indulgence of the appetite for food.—*Dr. House, Baltimore.*

#### MR. STEPHENS'S REPLY TO HIS VERY IGNORANT REVIEWER.

*To the Editor of THE LANCET.*

SIR,—I wish it to be understood that I am by no means annoyed by the remarks of a reviewer, on my work, but he having disputed my claim to an important distinction in disease, I felt it incumbent upon me, either publicly to acknowledge my error, or publicly to disprove his statements. A sense of what was due to liberality and justice ought to have compelled him to insert it, but as he refused so to do, I was induced to seek your assistance in giving it publicity; but as a reply in full to his objections probably appears to you unnecessary, I shall be obliged if you will insert the following abbreviation.

The reviewer disputes my claim to the distinction of "obstructed hernia," by saying, that although these cases "have not, perhaps, been dwelt upon by systematic writers, with all the minuteness they deserve," yet that they have been "abundantly known to operative surgeons, and incidentally mentioned by various writers," and he refers his readers to a clinical lecture of Mr. Charles Bell, at page 104 of his

second volume. The distinction of Mr. C. Bell in the said lecture, and of the other writers alluded to, is the same as is described by Scurpa and Mr. Lawrence, under the heads of acute and chronic strangulation, implying an acute and a chronic constriction. Mr. C. Bell has given two diagrams, one showing the intestine empty, the other, showing it in a state of distention, and constricted, and this he calls incarceration, because the constriction is not sufficiently tight to constrict the veins, &c. The following are among his words, "Strangulation is another stage, where the stricture is not only so tight upon the intestine as to prevent the passage of the contents of the bowels, but also to constrict the veins, and at length to stop the circulation." The reviewer has attempted to make his readers believe, that the incarcerated rupture alluded to by Mr. C. Bell, and by various other writers, is the same as the obstructed hernia which I have pointed out; this I deny, for the obstructed hernia which I have described has never yet been publicly defined, or understood before the publication of my work. I have described a state of fatal obstruction occurring from an adhesion of the bowel by adhesions, which interrupts the peristaltic movements, and finally destroys the patient, unless an operation is performed; and this state of obstruction I have particularly pointed out as being independent of any incarceration, of any strangulation, or of any constriction, for in the cases which I have detailed, I could easily reduce the hernia; and in the operation, when I opened the hernial sac, I could pass my fingers along, with a great portion of loose intestine, into the abdomen, without dividing any stricture, one portion only being affixed to the hernial sac, and causing the obstruction.

The incarcerated hernia of other authors falls under my distinction of "obstructed hernia," but the distinction which I have drawn is by no means comprehended under the head of incarcerated hernia, as described by them. Incarceration, or constriction, may accompany "obstructed hernia," but it is by no means essential to its existence, and this constitutes the important difference in the distinction which I have drawn from that of other authors. The distinction between an incarcerated and a strangulated rupture was comparatively of little practical importance, because a surgeon would not, before operating, stop to inquire whether the constriction was or was not sufficient actually to strangle, or stop the circulation in the intestine; but if called to a patient with a hernia, which was free from pain, tenderness, or tension, and which receded, and appeared to return into the abdomen under very slight pressure, he would

not attribute the continuance of intestinal obstructions to the hernia, but to some internal cause, and the hernia being of the kind I have described, the patient's life would be lost in consequence. If I had used in the following passage, "Operations upon hernia are not considered necessary or justifiable, by surgeons of the present day, unless strangulation has occurred," the word constriction instead of strangulation, which was nevertheless implied, the reviewer would have had no pretence for saying, that "the obstructed hernia of Mr. Stephens has been particularly pointed out by Mr. C. Bell," and is "abundantly known to operative surgeons."

To show that "operative surgeons" have not known that a hernia, having no kind of constriction upon it, may yet require an operation, I need only quote, as I have done, in my book, from Mr. Lawrence's last edition of his *Treatise on Ruptures*, "That the symptoms of strangulated hernia arise from the pressure of the stricture on the protruded parts, and that this cause is not only adequate to that effect, but indeed the only one that can be assigned, is too clear to admit of any doubt."—Page 62. If Mr. Lawrence, who is one of the "operative surgeons," had known that the symptoms of a strangulated hernia, differing only in degree, could be produced without any pressure of a stricture whatever, but simply from an adhesion of the bowel to the sac, interrupting its peristaltic movement, would he have written the foregoing passage in his last edition? The "engorgement," or obstruction from accumulation, or choking up of fecal matter, alluded to by Richerand, and quoted by another journalist, is in every respect the same as the chronic strangulation, or incarceration of Scurpa and of Mr. Lawrence, but is in every way essentially different from the obstructed hernia mentioned by me.

The part on inflamed hernia, which explains a most fatal class of cases of rupture, has been misrepresented in some parts, and misunderstood in others, by the reviewer. I have answered his objections in my reply to him, but want of space will prevent me here. My proposal of a probable method of radical cure is objected to by the reviewer, who says, "We refer our readers to Mr. Lawrence's valuable work on hernia, in which they will find little encouragement for attempts at radical cure." Mr. Lawrence objects, that an operation upon a hernia should never be undertaken for the sole purpose of a radical cure, because it subjects the patient to danger for the relief of an inconvenience only. His words are—"The subject of an incarcerated rupture submits to the operation to save his life; but he whose hernia is reducible, exposes

his life to avoid an inconvenience."—Page 120. To show that so far from differing, I agree with Mr. Lawrence, I will quote from my book the following passage:—"I wish it to be understood, that I do not recommend the operation to be undertaken for this purpose solely, (radical cure,) but when an operation for hernia becomes absolutely necessary, whether from strangulation, or from obstruction, or in consequence of such symptoms as denote its approach; then let it be borne in mind, that it is possible so to perform the operation, as not only to relieve the peculiar state for which it was undertaken, but also to effect the desirable result of a radical cure of the disease."

The review of that part of the work on mechanical obstructions, is a similar misrepresentation and partial statement. The reviewer says—"The author here passes from the rational and intelligent practitioner, into the enthusiast. The object, in fact, is to propose that, in cases of mechanical obstructions, we should rip open the belly and remove them." I have, indeed, recommended, in a case of subacute mechanical obstruction, such as is recorded by Mr. Dalrymple, in Sir Astley Cooper's work, and which I have quoted, where "there is neither tension nor tenderness of the belly, except at the umbilicus, around which part, to the extent of about a hand's breadth, a slight degree of pressure gives pain," and where, after death, the intestines are found to present "neither upon their peritoneal coat, nor in the interspaces of their convolutions, any of the usual results of inflammation," except "in the centre of the umbilical region, and in the situation to which the peculiar sensations of the patient were referred, (see Sir A. Cooper's work,) I have, in such a case recommended, where the symptoms denote that no destructive inflammation or disorganisation among the intestines has ensued, and where "the peculiar sensations of the patient" point out clearly the seat of the obstruction, that "rather than resign a patient to inevitable death," we should "attempt the only possible means of rescue," and for this I am described, by the reviewer, as an enthusiast, and by way of example, he instances a case, of which he says I am obviously ignorant of artificial anus, where M. Roux "accidentally sewed the wrong ends of the intestine together, in a Quixotic expedition of this kind into the abdomen of a woman, who suffered under a *lathrasome* inconvenience indeed, but one not attended with danger." To found an argument against an operation for the relief of mechanical obstruction from such a case, is like contending against the expediency of ever having recourse to the operation of amputation, because a surgeon once,

in mistake, removed a sound limb, instead of the diseased one. By way of answer, I referred the reviewer to THE LANCET and the Medico-Chirurgical Review for 1825, for the records of a case (of which he was obviously ignorant) extracted from Hufeland's Journal, where a German doctor actually performed this operation of gastrostomy for the relief of intussusception, and the patient recovered. I also referred him to the Medico-Chirurgical Review for 1827, page 128, where he will find, that the editor of that journal is of the same opinion as myself, namely, that "gastrostomy would, in all probability, have saved this man's life," alluding to the case of a servant of Mr. Belmont, whom he attended.

I shall be obliged by your giving insertion to the above, as the true understanding of the above distinctions are important to the profession, independently of my personal feelings, for which alone I should not have troubled you.

I am Sir, &c.  
HENRY STEPHENS.  
54 Bedford Street, Blackfriars.

DELICATE PROFESSIONAL APPLICATIONS.

To the Editor of THE LANCET.

SIR.—Having become the partner of the late Mr. Hurst, and the practice devolving at his death on me, I find the enclosed circular has gone the round of my patients.

I have to request that you will publish it; and I beg to be informed, if such means are commonly resorted to, and whether they are creditable or professional?

I am, Sir, yours &c.  
E. DAVY.  
390, Strand, May 29th, 1829.

P.S. I am bound to request, that the name of the gentleman to whom the enclosed was sent, may not appear. I know nothing of, and have never seen Mr. Clarke.

SIR,—In consequence of the lamented death of Mr. Hurst, your late medical attendant, I beg permission to offer myself to your notice,—the grounds upon which I presume to solicit your patronage are, that I served a five years' apprenticeship to Mr. Hurst, and was afterwards nearly three years his visiting-assistant, during which period, I had the honour of attending most of his patients, although I for you may have forgotten me, as it is two years since I left Mr. Hurst to practise on my own account, at 4, Charles Street, St. James's Square.

I will take an early opportunity of waiting on you, and have the honour to be

Your obedient servant,  
HENRY CLARKE, M.R.C.S.  
Monday, May 25, 1829.

## COMPARATIVE EFFICACY OF BLEEDING AND QUININE IN INTERMITTENT FEVER.

By THOMAS HEAD, Esq., House-Surgeon to the Altwick Dispensary.

THOMAS LIDDELL, *inst.* 21, a countryman, of dark complexion, and not unhealthily appearance, was admitted into the medical ward of the dispensary on the 9th of April; the cold state had gone off; he was, when visited, suffering from headach, thirst, with considerable heat of skin and fever: his pulse was full, and expanded, beating 89 in a minute; the sweating stage succeeded, which lasted about two hours. He gives the following history of his disease; says that he was living as a farm servant in the neighbourhood of North Shields, in a wet and swampy situation, about three weeks ago; that he was exposed to rain, and got his feet wet, in which condition he remained many hours; the day after, he was attacked with headach, sickness, pain in the back, with fever and thirst, for which he had some fever medicines without benefit; after continuing in this state a few days, he was attacked with shiverings, which were succeeded by the hot and sweating stages of ague, that these at first only recurred every other day, but that for a week past he has been seized daily at about two o'clock, P.M.

10. Heat of skin natural; pulse regular, soft, and beating 62 in the minute; tongue clean and moist; bowels moved yesterday; has no thirst; urine rather scanty, and after standing, exhibits a pinky deposit. The cold stage came on at two o'clock, P.M., when about twelve ounces of blood were with difficulty drawn from the arm; the shivering, although not arrested, appeared to be less severe, and of shorter duration than yesterday; the hot and sweating stages were also less urgent, and of shorter continuance.

11. Has passed a tolerable night, and says that he feels free from complaint; skin of the natural heat and moist; tongue clean; pulse 66, full and soft; bowels rather confined, for which he has to take ʒi. ol. ricini in the evening. The cold stage returned at the same time as yesterday, but was certainly less severe, as well as the hot and sweating stages, the shivering lasted twenty minutes, while the hot and sweating stages continued their usual time.

12. The attack was much the same as yesterday.

13. The cold stage occurred at the usual hour; after it had lasted five minutes, fourteen ounces of blood were abstracted, which, in a trifling degree, checked the tremour, and the consequent stages were not severe.

14. Much the same, in every respect, as

yesterday; says he feels weak when he attempts to walk.

15. The shivering returned at two o'clock, and twelve ounces of blood were drawn, by which the shivering was checked; the hot and sweating stages observed their usual degree of severity and duration.

16. The cold stage commenced more than an hour earlier to-day, was more severe, and continued longer; the hot stage followed in an aggravated degree, and the sweating was much greater than it had ever before been; says he finds himself much weaker; has always been troubled with a short dry cough during the cold stage, which was before omitted to be mentioned, and which disappears on the accession of the hot stage.

17. Bowels open, skin cool and moist, pulse quick, small, and feeble, which rendered it apparent that the bleedings could not with propriety be repeated, and he was therefore requested to begin at eight o'clock the following morning with four grains of sulphate quinine every hour until twelve o'clock, when eight grains were to be administered; twenty-four grains of the medicine had been taken at half past twelve o'clock, the cold stage came on, seemed less than the day preceding; the subsequent stages were considerably less than they had ever been.

18. *Vespere.* Says he feels tolerably well, and has taken some castor oil to obviate constiveness. Ordered to resume the quinine at eight o'clock in the morning.

19. *Vespere.* Has had no return of the disease; says he feels comfortable, and free from all complaint but weakness.

20. The same as yesterday; has reduced the quinine to twenty grains, and taken some castor oil to move his bowels.

21. Continues well; to continue the use of the quinine and castor oil.

22. The same, in all respects, as last report. Ordered to continue the medicine thrice in the day, in doses of four grains.

23. Says he is perfectly recovered, and wishes to have his discharge, which was given him; he was desired to continue the use of the remedy for a week longer.

May 14, 1829.

## ON THE IMPORTANCE OF BOTANY TO THE MEDICAL PRACTITIONER.

By WILLIAM HOBSON, M.D.

WITHIN the last year, botany (under the name of medical botany) has been added to the regulations of the Royal College of Surgeons of London, Apothecaries' Company, &c., in conjunction with materia medica. The intention of this paper is to show the impropriety and folly of such a regulation, by proving that botany cannot be, nor ever was, properly taught in the above way.

in London, where a course of lectures embracing medical botany and materia medica, only extends to three months. Materia medica alone ought properly to take up the whole period, consequently no time can be spared for botany. In Edinburgh, where the course extends from five to six months, materia medica, pharmacy, and dietetics, are all included; consequently the same remark must be made. I have now taught materia medica and practical pharmacy for eight years in Edinburgh, and I feel every year more and more convinced of the propriety and the necessity of confining my attention entirely to practical pharmacy and materia medica during that period, excluding botany and dietetics entirely, and have accordingly done so of late. Were I doing otherwise, and introducing medical botany, I would not benefit the student ignorant of general botany, in the slightest degree, and must make a jumble and confusion of the whole.

How, I would ask, is a medical student to be taught medical botany, if he be entirely ignorant of general botany, which more than three-fourths of them are? What is he to benefit by being told, in describing *conium maculatum*, or hamlock, that it belongs to the umbelliferæ of Jussieu, or to the pentandria digynia of Linnaeus, if he be ignorant of the nature of the calyx, corolla, &c., of the Linnaean and Jussieu arrangements? Any man acquainted with general botany must be aware, that it is a science so extensive, as not to be acquired in a shorter period than from three to six months, with the greatest industry, opportunity, and attention, and that medical botany is merely a more advanced branch, detached from it as a whole. The individuals who introduced the regulations now complained of, never were enthusiastic or proper botanists; and their having done so in such a careless manner, is sufficient proof of this! Every medical man ought to know general and medical botany as an interesting part of his profession, and he can only acquire that knowledge by attending diligently and attentively one or more courses of general botany of three months' duration. Every medical officer entering the army, navy, or public service of his country, where he possesses ample opportunities of moving from place to place over the earth's surface, ought to know intimately general botany, as putting it in his power to benefit the human race, and to employ his spare hours to advantage. The carrying this improvement into effect, lies with the different public medical bodies, the army and navy medical boards, by abolishing from their regulations medical botany, as it at present stands connected with materia medica, and insuring upon every student attending a course

of general botany of at least three months' duration, previous to his obtaining his diploma or liberty to practise.

9, Nicolson Square, March 15, 1859.

#### POST-MORTEM EXAMINATIONS AT ST. BARTHOLOMEW'S.

To the Editor of THE LANCET.

SIR,—As so much trouble has already been caused you about the post-mortem examinations at St. Bartholomew's Hospital, I shall merely take the liberty of asking, whether you consider it fair, that all the most interesting cases (of one of the surgeons) should be examined at so early an hour as seven o'clock in the morning, without any previous notice having been given to the pupils, as they must then lose that chance of a chance of hearing of them, which they possess when the examinations are conducted in the middle of the day?

I have the honour to be, Sir,  
Your obedient servant,  
A PUPIL.

St. Bartholomew's Hospital, May 30.

#### PROPOSED REMEDY FOR GIBRALTAR FEVER.

AT a late conversation at the College of Physicians, a paper, by Mr. P. Jeffrey, who has long resided at Gibraltar, was read, on the prevention of fever at that fortress. Mr. Jeffrey attributes the fever to the bad construction of the drains of the fortress, and suggests the establishment of a steam engine at Europa point, for pumping up a supply of water into a reservoir to be formed in the rock above the town, having the drains so constructed, that the water contained in the reservoir might, every night, completely cleanse out their contents. At present they are allowed to remain quiet for some days, which, owing to the excessive heat of the sun, occasions dreadful smells. The plan has been under the notice of three persons connected with government, and is regarded with considerable approbation. Mr. Jeffrey argues that the vapour arising from the drains and cesspools is the operating cause of the fever. Fresh water is very dear at the fortress; and the only mode of obtaining salt water for the purpose of cleansing the place, would be by the means suggested.

## THE LANCET.

*London, Saturday, June 13, 1829.*

Taunt and justice have prevailed—the Anatomy Bill no longer disgraces the table of either House of Parliament, nor outrages the feelings of the profession and the public, by its iniquitous and impolitic provisions. The moment we perused this Bill, we expected that this would be its fate, and have repeatedly expressed our conviction to that effect in the pages of this Journal. The petition to the House of Lords, which we published last week, was presented on Friday evening, just before the second reading of the Bill was moved. Mr. Fox said before the Right Honourable House by the Earl of Mansfield; and to the seal of love of justice of this excellent Nobleman, we are indebted for its having been read at length, a mark of distinction which no other Petition against this Bill has received. From some gentlemen who were below the bar, we have learned that its contents produced a very powerful sensation throughout the House, and we have the best reasons for believing, that the silence of those who had previously advocated the measure. (Lord LAUDERDALE for one,) was occasioned by the “new lights” which burst upon their Lordships, relative to the monopoly of the College of Surgeons, in producing the difficulties opposed to the cultivation of the science of anatomy. The House was not even divided on the Bill, and with the exception of Lord CALTHORPE, who moved the second reading, not a word was uttered by any noble Lord in favour of this impolitic measure. We certainly regret that Parliament is about to be prorogued, without having passed a Bill, having for its object the prevention of such horrid crimes as were last year committed in Edinburgh, and if the measure recently before the House had been in any way calculated to promote so

desirable an end, we should have passed over many objectionable provisions in silence. For surely that community cannot be in a very happy or in a very secure condition, the members of which hourly run the risk of being murdered, that their bodies may be disposed of to some trading and mercenary anatomist, for four or five pounds. This, we say, cannot be a very enviable state of society, but we are thoroughly persuaded, that it would not have been improved by the passing of the Anatomy Bill.

It afforded us great pleasure to perceive, that the Marquis of LANSDOWNE in the course of the debate gave notice, that should a Bill for regulating schools of anatomy be introduced into the House during the next session of Parliament, that he would move the repeal of the statute which consigns the bodies of murderers to dissection. This and the total prevention of the sale of human bodies, must be the first steps towards any Act which will be sanctioned by the public, or which can have the effect of facilitating the study of anatomy, or of securing them against the daggers of assassins. Before the opening of the next session of Parliament, we shall repeatedly discuss this subject, and, we hope, until every member of the legislature shall have acquired a full knowledge of the share which the London College of Surgeons has had, not only in creating the obstacles of which the profession has complained, but also in the commission of the Edinburgh murders. The members of the Council, morally, are scarcely less guilty than the atrocious Burke, and at a public meeting in the autumn, they may, probably, have an opportunity of learning the opinion of their professional brethren on this subject.

An attempt is making to obtain for Mr. BRANSON COOPER the title of F.R.S. His certificate is signed by Sir H. Hallford, Cockney Mayo, Dub Mansfield Clarke, Little Brodie, and two or three other persons of the same stamp! What vent!

*Questions proposed to the Class of Practical Anatomy, with the Answers returned by the Four most distinguished Students, at the Examinations held in the University of London, for the Session 1828-9. London, Taylor. 1829. Crown 8vo. pp. 48.*

Few will be disposed to deny the advantages which must ever result from bestowing upon pupils of talent and industry prizes and honours, in all large medical schools. But the manner in which many of the examinations for these marks of distinction are instituted, completely perverts the principle upon which rewards should be conferred. In many of our schools, medals and other prizes are mere baits thrown out by the lecturers to catch the pupils' fees, and students on hearing that prizes are easily obtained in a particular school, become anxious to enter there, in the expectation that with very little exertion they will be enabled to obtain, if not the highest rewards, some minor prize or mark of honour. It becomes, therefore, matter of great public importance, if distinctions are to be conferred upon particular students, that their claims to such distinctions should be made known. Otherwise, idle and incompetent teachers may puff themselves into notoriety, and, at the same time, send before the public an inferior class of practitioners, bedecked with gold and silver medals, and honorary diplomas. To render, therefore, the possessors of such prizes worthy of respect and confidence, the examinations should be in public, and the examiners and arbiters should not be the professors themselves, but should consist of gentlemen altogether unconnected with the classes. Further, the prizes should not be numerous, because their value will always be in the direct ratio of their scarcity and the difficulty of obtaining them. Honours thus won and awarded, will always mark their possessors as objects of respect. But bestowed as they now are in many of our schools, they render the pupils who obtain them subjects of ridicule, and the lecturers who give them objects of scandal and reproach. It is, therefore, with the highest satisfaction, that we have seen the little volume now put forth by Mr. Bennett. It is at once a proof of his talents and honesty.

As we gave a full account, in No. 300, of the manner in which prizes were awarded at the London University, and the names of the successful candidates, we shall only extract the eighth question and answer, for the first silver medal, obtained by Mr. Benjamin Phillips of Monmouthshire.

*Question 8.—The anatomy of the duodenum.*

*Answer.*—The duodenum is the commencement of the small intestines, succeeding immediately to the stomach, lying concealed by the transverse mesocolon. It is divided into three portions; the first, about two inches long, commences at the pylorus, passes horizontally backwards and to the right, and near the neck of the gall-bladder forms an angle with the second, which descends vertically, and ends near the third lumbar vertebra; the third, continuous, passes transversely to the left, and before the vertebral column, towards the superior extremity of the mesentery. In this course it forms a semicircle, which embraces the head of the pancreas. The first portion has, more or less in front of it, the liver, gall-bladder, and transverse colon. The second, or perpendicular portion, has in front the ascending colon, and behind it the right kidney and its vessels. The third portion is crossed in front by the superior mesenteric artery and vein, which separate it from the pancreas, and behind it lies the vena cava, aorta, and vertebral column. Its inner surface is mucous like the stomach, having many curved folds (the valvulae conniventes) formed by the inflection of the mucous membrane. At the point of union of the second and the third portions is a small tubercle, at whose summit are seen the united or isolated orifices of the biliary and pancreatic ducts. The duodenum is not completely invested with serous membrane. Its muscular coat is thick, nearly all the fibres being transverse like those of the stomach.

As this answer may be taken as a pretty fair specimen of the whole, the public can appreciate the impartiality and discernment of the different professors in awarding the prizes.

#### CASE OF HYDROPHOBIA.

*Communicated by CHARLES BRADY, Esq.*

—EDWARDS, aged 45, a dealer in dogs, was bitten on the morning of the 10th of April last, by a dog to which he had been giving aperient medicine, and came to me for the purpose of having the wound cauterized.

On inquiring into the circumstances, it appeared that he had been extensively connected with a trade in these animals the greater part of his life, had been frequently bitten, had often seen dogs in a rabid state, and, consequently, had many opportunities of knowing their various states and conditions of health. In the present case, he positively affirmed that the dog was neither rabid nor viciously inclined, but that he had been accidentally bitten by the dog, while making an effort to close its mouth after the administration of a dose of salts. He consequently refused to allow me to excise the bitten part, which I was very anxious to do. I therefore saturated the part with strong nitric acid, to produce sloughing, and destroy any virus which might have been communicated.

I afterwards saw the dog. It was labouring under pain and uneasiness, from frequent efforts to void feces; this it shortly did, and immediately devoured them. He also took oil and food, with greediness. On the patient's (his master) speaking to the dog, the animal fawned on him, and appeared in no way vicious. The eyes were slightly turbid; but, on the next day, this was gone; the animal lay quiet, walked firmly, breathed easily, showed no saliva, had drunk, evacuated, and showed not the slightest symptoms of rabies. In the evening he died, without apparent pain, and knew, and caressed his master to the last moment. On examination, the stomach presented its natural appearance; there were a few ends of straw present, there was neither turgidity nor inflammation; the duodenum was impacted with black feces of a purely stercoraceous nature. Under all the circumstances, I came to the conclusion, that the animal was not rabid, and that his death had been occasioned by constipation. His master said, it was not unusual for dogs to die in the same way. The interest of the case is enhanced by the doubt there exists, whether the dog laboured under hydrophobia or not.

On Wednesday, the 27th of May, at 6 P.M., forty-seven days after the accident, the man came to my house in the greatest anxiety, and stated, that it was all over with him, that his hand and arm had been greatly pained the day previous, that he had had cold sweats during the night, and felt chilly now, and could not drink water without spasm and fear, though thirsty. I requested him immediately to return home, and in a few minutes I saw him, with Mr. Shea of Great Charlotte-street. We presented him with a little salts dissolved in water, which he was obliged to quaff very precipitately, experiencing for a few seconds much spasmodic action. He then resumed a quiet manner and conversed rationally, repeatedly saying,

as he continued to say throughout, that he should be much better if he could be sick.

The symptoms were now of too unequivocal a nature to admit of a doubt of their arising from hydrophobia. Anxiety of countenance, rapidity of motion, spasm of the pharynx, rigours and stertorous breathing, were very marked; the pulse small, feeble, slightly remittent, and 76. Three grains of calomel, and one of opium, with one ounce of castor oil, were administered. At 9 P.M., I found him in a comatose state, waking at short intervals. I had then seen Mr. Callaway, who wished him to enter the hospital immediately, and on a promise that he should not be left there, he consented to go. Drs. Bright and Addison now saw him with Mr. Callaway, who all concurred in opinion as to the cause. He was ordered to be cupped to ten ounces, a belladonna plaster to the scrobiculus cordis, an enema, with tincture of opium, two drachms—tincture of asafoetida, half an ounce—sulphuric ether, half a drachm, every three hours. A suppository with four grains of opium, and five grains sulphate of zinc, to be kept in the rectum.

At 2 P.M. a second consultation was held; the sufferer's case had become decidedly aggravated; his sickness and desire to throw up increased from the larynx increased; at seeing of clearing fluids, the spasms returned; his pulse 100, and intermittent; his countenance wretchedly anxious; bowels slightly relaxed; tongue less white than in the morning; on suddenly rising in the bed, or making exertion, the spasms returned; the interval between the paroxysms shortened; the pain at the scrobiculus cordis violent. The enemata and suppositories on being administered, almost instantaneously came away. He had not submitted to them long, before his temper became exasperated, which rendered it impracticable to continue their use sufficiently long to expect any advantage to follow. It is worthy of remark, that the wretched sufferer could sit for a minute or two, at this time, without being incommoded by the free current of air from the open window.

At 5 o'clock, Dr. Bright, Dr. Addison, and Mr. Callaway again met, when the patient's sufferings were truly appalling, his pulse 109, and intermittent, the four quarters of a minute being, 32, 28, 25, 24. Dr. Bright suggested the propriety of inducing local inflammation in the part, by making an incision, and inserting cantharides, to which Mr. Callaway acceded, and without delay proposed it to the wretched sufferer, who, however, peremptorily refused submitting to the operation. The pure kali was then proposed as a substitute, but this he also violently refused. Two drachms more of tincture of opium, were ordered to be added to each enema. And, in order to render the

suppositories less stimulating, the sine was discontinued, and each suppository composed of six grains of opium. A consultation was again appointed for nine, but he could not be prevailed upon to see any of his medical attendants, except Mr. Callaway. His pulse had risen to 120, and was intermittent, with peculiar expression of countenance. At 3 A.M. of Thursday, the phrensy had reached a height at which he could not be soothed, even by his wife and sister, whom he severally attempted to injure by blows; their affection and firmness, however, eventually overcame his rage. At half past 3, he inquired for Mr. Callaway, who, upon being called up, immediately attended, and soothed the unhappy sufferer's mind, and continued to do so by his presence until 5, when he left, the pulse of the deceased being then so rapid, as to render it difficult to count it. From this time, his miseries increased; Mr. Callaway called again at 7, but did not get admitted; in this state the poor fellow continued with scarcely any intermission until half past 10, when death terminated his sufferings.

I am informed by Mr. Callaway, that shortly before his arrival, on the morning of Thursday, the deceased's sexual propensities had led him to express himself lasciviously.

Charlotte-street, Blackfriars,  
June 3, 1829.

## THE MEDICAL AND PHYSICAL JOURNAL.

THE last Number of this melancholy magazine exhibited a glaring instance of "the scant measure that is abominable," and this fact we took an early occasion of hinting to the editors. The case appeared the more flagrant, because the measure was leanness itself in quality, as well as quantity. Our hint on this subject, however, has not passed unnoticed, for Mr. Sothor, sensible of the injustice of charging half a crown for half a dozen pages of bald matter called "original papers," though a large parcel of reprint may at the same time be thrown into the scale, has this month sent forth a number, at least two-thirds of which its purchasers have not paid for before in some other shape.

But, as experience has taught us that mere appearances are deceptive, and that, whatever show it may make, the *Yellow Journal* is not every month a golden treasure; that this publication, as in the reign of ROBERT MACLEOD, has often borne a close resemblance to the money of Lycurgus,

the weight and value of which were out of all proportion; we shall take the liberty, without further preface, of examining its contents, and ascertaining what the little band of three, (for Dr. Webster's elegant and grammatical second-hand "observations" hardly entitle him to rank as a fourth,) have just contributed towards supporting the character of that work which the unfortunate ROBERT so effectually ruined in the eyes of "the faculty in Europe and America."

We are induced to pass over for the present the paper on the medical schools of Italy, for the sake of a few words on the subject of the second, "*Observations and Experiments on Mesmerism*," which professes to be written by Mr. RICHARD CHENEVIX, a gentleman who is not a member of the profession, but "a fellow of the Royal Society," in which body, we fear, the philosophers are fewer than they ought to be. The subject of Mesmerism has been tied to the tail of Mr. CHENEVIX on the other side of the water, by some French wags, who pretend that they believe in the doctrine (if it be not an abuse of language to dignify such an art with the name,) and we suppose that, like a dog with a tin kettle, or the wild bull of Thebes with Dirca at his tail, Mr. C. will drag this "mesmerism" about, till one of the two, Mr. C. or the subject, (and heaven long preserve the life of the former,) gives up the ghost. It would be perfectly in character with the paper to treat the whole as a joke, which was too good to be spoiled; but this is No. 2 on the same topic, and has been prefaced by another, with which Mr. CHENEVIX rushed into the presence of the sedate public two months since, exclaiming in a voice that, coming from St. Paul's Churchyard, might have been heard in Hyde Park, "Mesmerism is true, is true! Mesmerism is true! Rejoice ye sick, ye maimed, ye bilious, ye blind, and ye deaf, it is true, every word!"

We cannot, in reason, expect such of our readers as are under three or four score years of age, to understand what is meant by the term "mesmerism;" but those who have arrived at this venerable period of life, will probably call to mind some particulars of the birth and progress of a mania which raged for a time in their youth under the name of animal magnetism, an importation from the French capital, after it had been kicked out of every other city on the continent, and was finally knocked on the head in England, in consequence of a patient and most careful investigation into its claims, by a committee of the first philosophers and physicians living. For the benefit of those, however, whose hairs time has not yet silvered, we will state here what mesmerism is, an explanation which is the more neces-

sary, because Mr. Chenevix has not dared—to give one in either of his papers. There is good reason why he should not have done so. There are no words in which he could have framed an explanation, which, thrown into sentences, would have been tolerated, even by his own ear, for one moment, as fit language for a man of science, and the days of alchemy and astrology must return, before he could frame them for the ears of others.

What notion was meant to be conveyed by the term animal magnetism, when it first arose, may be very shortly stated; and we will give it from the explanation of the greatest juggler that ever dabbled in the art. He supposed that matter and space were pervaded by an invisible fluid, of a different kind from any of which philosophy had hitherto taken account. This fluid was denominated magnetism, and was said to possess a peculiar, indefinite, inexplicable, supernatural, magical, spiritual, ethereal sort of influence over all things, and that such mountebanks as himself possessed the power of calling it into action, and rendering it subservient to the benefit of the sick and the sore. It happened that though these fellows could magnetise, indifferently, whatever came in their way, whether the object was a pig, a tree, or a handsaw, yet human beings were the grand subjects of their operations, (for neither pegs nor posts possessed pulses,) and therefore the magnetism came to be called animal magnetism. Further: the agents by which the jugglers professed to direct this influence, were such things as mirrors, reflectors, collections, and wands, and a presenting and waving of hands after the manner of bottle impa, as was lately to be seen at the English Opera House; and, finally, because the name of one of the great magnetic conjurers was "Mesmer," and in order to disguise if possible the old absurdity by a new phrase, animal magnetism is now called mesmerism.

In estimating the value of this art, it is impossible to state the principles upon which it is founded, in more definite terms than these. If Mr. Chenevix himself were asked, "what is mesmerism?" he would probably tell you that it was "a sympathy." If you wished to know of what kind was the sympathy, he would very likely mention the words magnetic—atraction—nervous action—and throw himself into the attitude of a fagelman at morning parade. If you endeavoured to obtain further information, he would possibly tell you that it was connected with some action of the mind of a mysterious kind, not to be taught or learned, but to be found out or unwittingly acquired; and if, convinced that there really might be something in the doctrine, you told him,

that evidence being the great criterion and sure mark of truth, you should like to have some proof of the existence of this sympathy and man's dominion over it, he would possibly take you before that unhappy dyspeptic JEMMY JONASTON, author of the *Medico-Fudgico-Piratico*, and in your presence mesmerise Jemmy's bilious nod-dle, with the same results that you would yourself produce by administering a fall-box of Mr. P. Pettigrew's ipseumbe-lusenges. Search Mr. CHENEVIX's two papers through, and see how much more light he has thrown upon the subject than this; note how many of the secrets of the art he has disclosed. The mason is not more quiet as to the proceedings of his lodge, nor the privy council of its cabinets, nor a jury of its conferences, than Mr. CHENEVIX on the only point which can give sane men an opportunity of deciding upon his claims to their confidence.

In these remarks, there is nothing harsh or unamused. We may know, under the rose, pretty well what is the composition of a remedy—yet, if the practitioner make it a secret, he must be called a quack. Mr. CHENEVIX puts his subject forward, and keeps its figure back designedly. What shall he be called? We should be sorry to reply, without having sufficient cause for doing so, the answer be to his disadvantage. We will therefore give our readers a fair opportunity of deciding. We shall not quote largely in doing this, as the production of a very few sentences must settle the question; these we shall take from the second of the papers, the two being quite of a piece, and neither of them redeeming the other from the charges which may be brought against either.

It is not to be denied that to a person unacquainted with the subject, the statements of Mr. Chenevix, or of any other mesmeriser, are such as would excite in him a certain degree of curiosity; and bearing in mind the professed object of the author, the importance which he attaches to an universal belief in mesmerism, and the anxiety he evinces to create a public interest in it, the first thing a reader would expect to find, is a distinct explanation of the word mesmerism; for on his knowledge of that, ought the basis of his faith to rest. A first reading of the paper, however, affords him so little idea on the subject, that he begins it again. But the second reading excites his suspicion, that he is not to be made as clever as Mr. CHENEVIX on such easy terms. Doubting, however, that he may be dull, he examines every word that can possibly furnish him with a key, but the writer is too wary for him, and rings such a change of terms upon the word mesmerism, whenever he is pushed for a phrase which will enable him to

preserve the thread of his discourse, without furnishing a clue to the art of the mesmeriser—that he sees, it is quite clear, nothing can be gained by pursuing them. The mysterious thing is by turns denominated “an agent—an influence—an art—an application—an experiment—an investigation—an operation—a practice—a treatment—a proceeding—a trial—a science—a phenomenon—a means—a magnetising—a concentrating of mind—a passing of the hands—a new branch of knowledge—a therapeutics—a doctrine—a question”—and, it, it, it, that unlucky pronoun, whenever it can be thrown in to avoid “the too frequent repetition of some noun.”

It is of no avail, then, to go to the parts of Mr. Chevenix's sentences for the information which is so desirable, and at the retention of which he seemeth to be so profound an adept; resort must be had to the sentences themselves. Surely, in them, he will address the profession in a manner suitable to a man of science, and a fellow of three or four royal societies. It is soon clear, however, that it is not many of these which are trusted with direct reference to the art; few as they are, however, let us have them, and see if they be, on examination, as curious as they promise. Here is a rare bit of writing in the first sentence. “*affection of candour and pure humbug were ever united at all, they are united here.*” “It is by no means,” he starts with saying, “the desire of those who are convinced of the truth of mesmerism, to urge belief upon their mere assertion, but to excite curiosity, to turn the public mind towards this powerful agent, so true, yet so much despised, and to engage some inquirers to lay aside their preconceptions for a moment, and have recourse to fair experiment.”

To fair experiment, Mr. Chevenix? Is it possible that you write thus? and yet that throughout the whole of your papers you do not let fall one single syllable, which shall enable any person to miss the very trial, which you say is the only ground that you possess for confidence? We lay aside the mystical terms in which the whole sentence is written, though it is by no means a bad specimen of the new style, or we should find as much to admire in it, as would occupy a volume of comment. It is for instance, so absurd to say that mesmerism is true, “this powerful agent is so true.” Geometry is true; calculus is true; alkalis are true; pneumatics are true; poetry is true! But your intreaty, that inquirers would make experiment of the art is excellent. Suppose for a moment, that you were perusing an essay by Galileo, who told you, that air possessed weight, or of Pascal, who assured you that it possessed elasticity, or of Black, who affirmed that it would unite

with metals, and was an universal agent, which was “true.” And suppose that Messrs. Galileo, Pascal, and Black, though they were fully aware that you knew nothing of the atmosphere, or the air-pump, or combustion and attraction, enjoined you to lay aside your ignorance for a moment, and have recourse to fair experiment, in order that you might be satisfied of the truth of these statements, become a wiser man, and science be advanced by an addition to the number of her disciples. Imagine this, and that they then left the subject, without a syllable on the nature of the apparatus with which alone the experiments could be made, or the mode in which they must be conducted. For what should you set these men down?

With this cry of “experiment” does Mr. Chevenix not only set out, but conclude. He makes at the close, a second appeal to his hearers. “By experiment let the truth be told. Let any twelve men in England, devote twelve half hours each to experiment, *separately*, and then let them relate the *same*.” And under the cover of a phrase which the writer would not translate into the only English words that it will bear, does Mr. Chevenix endeavour at once to exhibit a specimen of his candour, and hide the experiment, which is on the verge of meeting the day-light that must expose it. If mesmerism were truth itself, it would be shamed by such a disciple.

Mr. CURTIS has his pupils, and it was just possible, that if they spoke of the art, the “experiment” might be betrayed. Observe, however, how faithful a set of disciples he has contrived to make them, and how cautiously they have been enjoined to speak in the letters which he ventures to make public. One of the disciples is a Dr. Cotter, of Ballynacraig, in Ireland. He is induced to write to his tutor, acquainting him with a cure which he supposes he has effected by mesmerism. What was the course he pursued? “I proceeded to try my hand at mesmerism, in imitation of what I had seen you do. After some time, the patient grew quiet. With the hope of exciting the stomach to action, I directed my attention particularly to the epigastric region.” Continuing this for two or three minutes, the man vomited an immense quantity of liquid. By and by his bowels were confined, and “I again had recourse to mesmerism with the same good effect.” And there Dr. Cotter quits the dangerous subject. A Mr. Levinge then states a case in which all he can be persuaded to say of the “experiment” is, that he also “directed his attention to those parts,” the head, belly, and legs, and gave the patient mesmerised water to drink, a quart every day, but not a word falls out to disclose what mesmerised water is. Then there is a patient

to be mesmerised who is touched with insanity, and of the "experiment" it is stated, that every time the relater drew his hands before the patient, she felt "life going down through her body along with them." Then, in another case, it is observed that the symptoms showed themselves "in one minute after the operation began," and that a state of sickness was produced as soon as the *passes* commenced. That the *trials* never exceeded so and so. Then a patient writes that he felt very sensibly affected by the *mesmerism*, and so, on it runs to the end of the chapter.

We are not disposed to carry the exposure much further. Mr. Chenevix must, before long, have ample means of ascertaining whether this is, or is not, "the country whose duty it is to expose the imposture," though it is almost too bad to tax the patience of the public by any attempt to appeal from the "eternal quistus which was given to the science" by the report of Franklin and his coadjutors. Let it, however, continue to be borne in mind, that, through the credulity of the people of this country and France, the conjuror Deslon realised a fortune of a hundred thousand pounds, by means of an art which was pronounced, after a most elaborate investigation by the first philosophers of the day, as a wretched and disgraceful piece of deception.

#### ON VISION.

Of all the mysterious problems in nature, perhaps none appear more paradoxical than some of those which relate to the organ of vision. Such is their distinguished singularity, that they seem to mock the mind with contradictions, or even to reverse the very laws of nature. But while we are assured that these are eternally immutable, it must ever be a maxim with the votaries of science, that it is ignorance alone which creates anomalies, and that every effect, whether plain or mysterious, is equally the result of a palpable principle. Nature is ever consistent: and whenever she exhibits the semblance of error, it is the laudable ambition of the human understanding to prove her congruity.

The following phenomena have often been the subject of curious speculation. Many theories are taught to explain them, yet none has been hitherto fully established. The two former have excited especial attention, but the latter are certainly no less remarkable.

1. Although the animal race is endowed with plurality of optical organs, and though light from a visible object portrays an image on the retina of each, nevertheless we remark an unity of perception.

2. While every visible object is perceived in its actual position, it is always the converse of the image on the retina.

3. Although it is evident that every image is modified to the curve of the retina, yet every near body seems straight or crooked, convex or concave, according to the true figure of its prestating disc.

4. The retina itself is confined to a mere iota of space; yet from this small tablet is conceived, not only the most minute objects, but also the majesty of greatness and grandeur.

Singleness of vision is not unfrequently attributed to unknown agency, to some peculiar nervous conformation, or rather distribution; but if we acknowledge a peculiar nervous distribution to prevent double vision, must we not allow that a like provision exists to prevent double sound? Again, if it be confessed that the parts of the retina which correspond in structure correspond in function, that theory which supposes corresponding parts of the retina may be easily confuted. Now it is argued, that when a person whose sight is perfect, looks directly at an object, the axes of both eyes are inclined towards each other, and then the images are formed on corresponding points of the retina, and hence single vision must result. Let the reader try the following experiment. The eyes being directed on some distant object, cause any other small body to intervene, at a very short distance (the finger may be held a few inches distant); the axes of the eyes may be still towards the distant object, while attention is given to that which is near; the effect will be, that the distant object will appear single, and the near one double. Now, although the axes of the eyes do not correspond in direction with the nearer object, every optical will allow, that its images are formed on parts of the retina, which correspond as precisely as those parts which are found to correspond with the axes of the eyes. Now, let it be observed, that this is an example of double vision, which is not produced by any disunity of the visual organs, but the axes of the eyes do not meet on the object, and this is alone sufficient to produce double vision.

Then if the physiologist affirm, that so long as the images of an object are disposed on corresponding points of the retina, single vision must result, his doctrine is erroneous. Nevertheless it is true, that when the axes of the eyes correspond, and single vision is effected, correspondence in the visual parts of the retina is also observed. Now these arguments tend to prove, that mere correspondence of the parts of the retina will not account for singleness of vision.

The apprehension of an external object, through the medium of light, is the peculiar

characteristic of the visual sense. We are, by nature, totally unconscious of possessing a retina, and equally, unware, when an object is seen, of its image existing at the bottom of the eye. Hence the faculty of vision ought never to be confounded with the sense of touch. All visible bodies appear in a right line of direction upon the point of the retina on which they are impressed, before the faculty exists of recognising distance. All the above problems of vision may be readily reduced to this well-known principle, which is, in reality, the peculiar characteristic of the ocular sense; but philosophers have not considered the effects as analogous, and resulting from a common or identical cause. Singleness of vision, and the inversion of optical images, are subjects which have ever been distinctly studied, and different theories aduced in explanation of each.

#### *On Single and Double Vision.*

In the above experiment we observed, that the distant object appeared single, while the axes of the eyes corresponded in direction; the near object appeared double. Now, as a reason why the distant object appears single, we may argue that the direction of an object must always be perceived with relation to the position of the eyes, independently of the object; and, therefore, for the same reason, if the distant object appears single, the near object appears double. Repeat the experiment, and then close one of the eyes, and the image of the near object will of course appear on that side of the open eye at which it really exists; but reverse the eyes, i.e. close that which was open and open that which was shut, and the axes of the eyes, being still directed on a distant object, the near object will appear to change sides, and thus, as the eyes are open and shut alternately, the near object will appear to pass from right to left and from left to right. Now this is an illusion, but it is not connected with functional aberration, neither does the double vision, when both eyes are open, prove either eye in fault; on the contrary, the functions of either eye being wholly independent of the other, each truly represents the position of the object; but the object is held to the right of the axis of one eye and to the left of the axis of the other; and hence, as the object is in reality on two opposite sides, it must appear double. These arguments will apply in every example of double vision, however produced.

#### *On the inverted position of the Image, with regard to the object.*

Now the above explanation of single and double vision, is grounded on the fact, that

the visible object appears in the line of direction from the image; this effect is the *sine qua non* of vision. It is for this reason, that if an animal were gifted with a thousand eyes, and their respective axes were truly adjusted to a visible object, and as many images correctly applied on their sensitive retinas, singleness of vision would still be preserved, for it is plain, that only one image could be seen in the same direction. So, also, it is for the same reason, that when, as is seen in the above experiment, an image is found on the right side of the eye, it appears to the left, and vice versa. Again: the same law of direction which applies to the relative situations of objects with regard to the images, and to all the phenomena of single and double vision, will apply to every component part of any image ad infinitum. Hence we may perceive, not only the physical cause for the inversion of images, but also for the reverse disposition of their every individual part.

#### *On the estimation of the size and figure of Bodies.*

It is evident that the knowledge of the actual figure and magnitude of bodies cannot be conveyed to the novice in vision, through the medium of light. Nevertheless, it has been a question of dispute among the learned, whether a mere tyro in the visual art could distinguish the figures of surrounding bodies, as for example, whether they would know a convex from a flat surface, the bodies being considered, in other respects, equal. The true answer will be in the affirmative: he would certainly see a difference, but he could not appreciate the cause, neither could he tell which was the convex or which the plain object. So, also, he would judge rightly of their relative proportion, not only with regard to each other, but also with relation to surrounding objects if equally near; but of the proportions of promiscuous bodies, their relative and actual sizes and shapes, his conceptions would be utterly vague or fallacious; in a word, he would not be enabled to estimate distance, nor allow for its effects on the visual image; yet were it not for the inherent influence of the law of direction, experience could not teach us to estimate distance: not only duplicity of vision and inversion of objects would inevitably occur, but every object would appear of the same limited size, of the same actual figure, and in the same contiguous position as the image on the retina.

Here the writer may add, in conclusion, that some time ago he published other essays on the subject of vision, wherein he contended, that all objects which are seen beyond the point of distinct vision will always form their images at the same focal distance, and hence showed the non-necessity

sity of ocular adjustment. Other important points of optical physiology he also endeavoured to illustrate. Whatever have been the defects of his essays, the subject is one of ineffable interest, and not only so to the mere physiologist, but also to the general philosopher, and if it tend to involve the mind in metaphysical perplexities, it secures to the author the indulgence of the wise. Physiology is the noblest of sciences, and every department of animated nature teems with intellectual delight. All we behold is perfection and beauty, from the first simple dawn of vegetation, or vital evolution, to the glorious development of man. So also in each particular organ of the vitalised frame, we trace the operation of infallible laws. But the eye is an organ of pre-eminent interest, being no less beautiful in its structure than sublime in its functions: it is the greatest ornament of the being, and affords the greatest charms to existence. Like a mirror, it reflects every moral and every mental impression; to the world it would seem a pavilion—to nature an immortal oracle; and must ever be regarded with wonder and admiration.

T. WILLIAMS.

## HOTEL-DIEU.

### EXTENSIVE WOUND OF THE NECK.

On the 4th of April, 1829, a young man was admitted, who, on the day previous, had made an attempt to destroy himself by cutting his throat; the wound extended from one side of the neck to the other; both the carotids were laid bare, but had not been wounded; the sterno and thyro-hyoid muscles and the thyro-hyoid ligament were divided, so that the upper part of the larynx was distinctly seen, the air passed through the wound, and speech was completely suspended, but returned immediately on closing the wound. For the latter purpose four sutures were applied, so as not to unite the edges completely, but only to keep them near each other. The patient, who had before the act swallowed about a pint of brandy, was, at the time of his admission, apparently not intoxicated, but delirious. M. Dupuytren observed, that in wounds of this kind the use of sutures was generally considered as contra-indicated,\* and that he, till within the last few years, had been of the same opinion; he had, however, seen so many cases of deep wounds of the neck, in which the free access of air to the wound,

\* This was principally done by the authors of the *Travaux de l'Académie Royale de Chirurgie*.

and the passage of the food through it, had caused the most violent inflammation and even danger of suffocation, so as to induce him to adopt an opposite plan; it will, moreover, be added, be found very difficult, if not impossible, to keep the edges of an extensive wound of the neck united by means of the bandage and position of the patient, as has hitherto been the general practice at the Hôtel-Dieu, which consisted in the application of a circular bandage round the chest and another round the head, united by strings, in such a manner as to keep the head drawn towards the chest, the thighs being, at the same time, kept bent upon the abdomen. This position, besides being extremely incommode, is very often changed involuntarily, and can never be maintained in those cases where, as it often happens, the attempt at suicide is followed by delirium. These difficulties are obviated by the employment of sutures, which, however, M. Dupuytren remarked, it will be advisable not to draw too closely, in order to prevent the danger of an emphysematous swelling and the infiltration of the food.—*Lanrette Françoise*.

## St. BARTHOLOMEW'S HOSPITAL.

### SIMPLE, SUCCEEDED BY COMPOUND DISLOCATION FORWARDS, OF THE INFERIOR EXTREMITY OF THE TIBIA,

*With Fracture of its posterior edge, Communicated Fracture of the Fibula, Amputation of the Leg, and Death.*

F. J. B. LANRMAN, æt. 53, was admitted, April 27th, into Harley's Ward, under the care of Mr. Esdaile, having sustained a severe injury to the leg, connected with the right ankle-joint. Stated, that on the night of his admission, while walking along Chancery-lane, two men, among whom he supposed, ran against him and knocked him off the pavement. As he fell, his right leg went under him, his ankle struck against the curb-stone, he was unable to get up and stand upon it, and accordingly was brought to the Hospital. On being admitted, there was found to be dislocation of the tibia forwards, and a comminuted fracture of the fibula. The muscles of the limb were acting spasmodically with great violence. The dislocation of the tibia was reduced, and the leg put up in splints. Twelve leeches to be applied to the part, and cold cloths.

28. Mr. Esdaile desired the splints to be removed, that he might examine the parts. The moment they were taken off, the spasmodic action of the muscles instantly dislocated the tibia again. Apply the splints again, leave the patient on his side; give

hinc hyd. sub-gr. iij., cum pulv. jal. gr. xvij.; take 18 ounces of blood from the arm, and administer 35 drops of the tincture of opium at bed time.

30. Let him have a compound senna draught immediately.

May 1. Feels rather feverish and restless. Take five grains of calomel, and half a grain of tartarized antimony immediately.

5. Last night was very restless; started up in his sleep, and not only again dislocated the tibia, but forced its extremity through the integuments, which had become thin and inclined to slough, thus making it compound. Inflammation and suppuration of the cellular tissue have taken place. The limb is considerably swelled; the muscles act spasmodically most powerfully, and the parts are in an extremely irritable condition. Mr. Earle has made an incision on the outside of the fibula, and also a small one in front of the tibia, at about the junction of its lower third, through which pus has been evacuated. It is with the utmost difficulty, when the reduction of the dislocated tibia is accomplished, that the end of the bone can be kept *in situ*. Mr. Earle wishes to remove the leg; and Messrs. Vincent and Lawrence, who have also seen it, concur in the propriety of proposing the operation. The patient refuses to submit to it. States, that there is nothing short of death that he will not cheerfully endure, rather than have the leg amputated. He is a native of Ireland, grey haired, rather of short stature, and of a somewhat spare habit. Has been an opulent merchant of considerable extent, but reduced in worldly circumstances by misfortunes. Of late has been gaining a livelihood as a tutor in private families. Since misfortunes overtook him, he has been a hard drinker, and, indeed, was intoxicated when brought into the Hospital.

6. Still obstinately refuses to submit to the operation. Considerable oedema of the limb; inflammation not abated; great discharge from all the wounds; the spasmodic action of the muscles not at the least relaxed. Has this day been upon one of the high fracture bandages, and the limb bound up in the most likely manner to command control over the action of the muscles, and keep the parts quiet. A poultice to be applied to the wounds, and cold cloths lugged up the leg. Says he has a particular reason for objecting to amputation, but as that reason is a secret, he cannot disclose it.

8. The inflammation continues; sloughing going on; discharges freely. The inflammation does not seem disposed to extend up the leg. The integuments covering the muscles on the internal side of the leg more particularly, are actively sloughing. The pulse is good, and the tongue clean; rests well. The constitution is not suffering, and

Mr. Earle is not now without hope. He is rather surprised that the constitution should not have begun to give way, but it seems to him, that the shock occasioned by serious mischief at the moment the injury is inflicted, is that which most generally proves destructive to the vital powers, as he has known several cases wherein the constitution, having been gradually prepared for extraordinary mischief, has borne up against it, whereas, had it occurred suddenly, it must have proved fatal.

10. The discharge from the different openings very profuse and offensive. There is still partial dislocation of the tibia, but which Mr. Earle, in the present condition of the patient, regards as unimportant. The action of the muscles appears to be now rather abated.

15. Diarrhoea came on a few days ago, which is continuing; the pulse is getting weaker, the tongue is brown, the suppurative process very active, and the discharges increase in quantity. Has been informed, that the only chance of saving life is by getting rid of the limb, which he has at length consented to, therefore the operation is to be performed to-morrow.

#### AMPUTATION.

At six minutes past one o'clock the patient was conveyed into the operating theatre, blindfolded, and upon the high bedstead on which he was placed on the 6th. When Mr. Stanley proceeded to apply the tourniquet, a soft swelling, about the size of a pullet's egg, was observed on the right groin. On being questioned respecting it, the patient said it frequently made its appearance, often disappeared, never produced any inconvenience, and was not to be attended to. At eleven minutes past one the operator commenced his circular incision, at from four to six inches below the knee. After the incision had been made, the integuments, particularly on the outer side over the fibula, from effusion of blood and the effects of subsided inflammation in the cellular tissue, were found closely adherent to the adjacent parts; Mr. Earle was, therefore, under the necessity of laying down his amputating knife and dissecting them back with a scalpel. Thus, with the subsequent division of the muscles, occupied three minutes. In ten minutes more the bones were sawn through, six vessels tied, and the stump covered over with the flap.

After cutting through the soft parts, they were not observed to retract, by any means, to the extent to which retraction is usual on such occasions; nor was that dexterity shown in their division which has been evinced by the operator in other amputations.

18. Two P.M. Since yesterday unfavourable symptoms have supervened. The patient has been restless and delirious during the night; his countenance is now pale and anxious; great oppression in breathing; cannot articulate but in a whisper; a tympanitic state of the abdomen; tongue brown in the middle; pulse 100; has been taking, occasionally, yesterday, through the night, and this morning, a little brandy and ammonia, but complains greatly of its making him sick and causing uneasiness in the stomach. On removing the dressings from the stump, not the slightest reparative process appears to be set up. Gangrene has attacked it at the outer edge, and where the adhesions of the integuments to the muscles were found to be firmest in the operation. A poultice, half bread and half linseed, to be laid over the stump. Mr. Earle suspects retention of urine from the state of the abdomen, and the patient now states, that formerly he was the subject of stricture of the urethra, but that it must be eleven years since he had an instrument passed. Mr. Earle has tried, for ten minutes, to pass a very small catheter, but cannot succeed; the prostate gland is very much enlarged and indurated. A false passage has some time ago been made into the bladder; the urethra is diseased. Not wishing to irritate more than is absolutely necessary, he has abandoned the attempt, requesting the dresser to watch narrowly the quantity of urine the patient may hereafter pass. He says he empties the bladder thoroughly and without difficulty. Ordered to continue taking brandy and ammonia, if possible.

Ten P.M. The breathing is less difficult, the pulse is much the same; he is more lively; he prefers table beer to brandy and water; he is occasionally rambling.

19. Eight A.M. The gangrenous appearance is rather extended; pulse weak, regular, and 94; tongue brown. Breathing again more difficult. Would only take the brandy and ammonia twice during the night. Entreats to have table beer in preference. Countenance anxious. No chance of recovery.

This morning Messrs. Earle and Stanley dissected the leg, when these appearances presented themselves—the tibia dislocated forwards, with a small portion of its posterior edge fractured and retained *in situ*—considered perfectly novel. The fibula fractured into many pieces, and its extremity driven forward also, upon the astragalus. The internal lateral ligament in a sloughing state; the anterior capsule torn through; the cartilage of the upper surface of the astragalus absorbed. The external lateral ligament entire; the outer side of the fibula denuded of its periosteum for two inches and a half.

20. This morning, at a quarter past two,

his sufferings were put an end to by that which he very much dreaded, death.

The sloughing and gangrene had extended to no considerable length, and the post-mortem examination elicited nothing particular. The liver was rather smaller and paler than usual, but healthy. The coats of the bladder very greatly thickened, and the urethra diseased: the organ empty.

#### REMOVAL OF CANCER OF THE LIP.

Samuel Goodyn, *metat.* 63, was admitted into Darker's Ward, May 20, under the care of Mr. Earle, with an ulcerated cancerous affection of the lower lip. The patient, a brick-maker, a hardy, weather-beaten looking old man, states, that a very considerable time, as much as a year or two ago, the disease made its appearance in the form of a small pimple, and that it progressed slowly, till within the last two or three months. Since then it has become much larger and more inconvenient. It proceeds from the outer edge of the middle of the under lip, and extends down upon the parts covering the chin. The ulceration is about the length of, and broader than, an almond; the edges are indurated; the discharge very offensive, and the lancinating pains frequent. Has occasionally smoked, but never made it a habit. The glands under the chin are enlarged, one of them to the size of a damson. His general health is good, and he is willing to have the part removed with the knife.

23. Mr. Earle commenced the operation by making incisions downwards near to the angles of the lips, and in thirty seconds removed the whole affected portion. The edges of the wound he subsequently brought together by two hair-lip pins and one suture. One or two strips of adhesive plaster were laid over this, and the patient removed to bed.

After the operation, and the patient had been removed, Mr. Earle having cut open the removed portion and shown it, said to the gentlemen present, I owe it to you to make a few

#### Observations on the Case.

The patient has considerable induration of the glands under the chin; and, therefore, it might appear to you that the operation has been undertaken improperly, the disease being a carcinomatous affection, in a state of ulceration, and it being well known that in many of these cases where the disease has extended to the glands in the neighbourhood, operations only put patients to unnecessary suffering—the cases terminating fatally. In the first place, however, as matter of expediency; it is desirable in some instances to obtain, in confirmed carcinoma, which sometimes, as on this occasion, is not

attended with very much suffering, the relief that is fairly to be expected from such an operation. In such case you institute a tractable for an intractable wound, and may often procure some years' relief. I would say, if that period of relief were considerably shorter, considering how much the patient's comfort is destroyed by the existence of the disease, I should conceive it right to perform such an operation as the present, and this even with the probability of the disease having extended to the neighbouring glands. But there are other circumstances that ought to be weighed. It has happened to me in many cases to have met this sort of disease upon the lip and prepuce, places where it is much exposed to irritation, and that irritation greatly increasing the malady. The case in which Mr. Lawrence operated last week, I may here observe, was one where the disease, I believe, began in the prepuce, and was afterwards greatly irritated by the flow of the urine. In such cases, the irritation induces hardness, and causes the affection to take on all the characters of carcinoma, without at all times being essentially true cancer. What I mean by that is, that many cases will do well by operation, and such, I trust, will be the result in the present instance which you might be led to suppose was cases of true carcinoma, where the glands were diseased, and which would not be fatal if allowed to go on. I have known cases where the glands have been enlarged at the time of the operation, but which afterwards became quiet, and subsided, the patients doing well. Many years ago a case of this kind happened to me, which I will relate, for I should be sorry that any one here should leave with an impression that I am anxious to perform operation that are not necessary, or that my example should lead any one else to such a line of conduct. A Mr. Webb, now residing at Slackheath, in the year 1816, came under my care for a similar affection of the lip to the one you have just seen. The affection there, however, had gone to a much greater extent; the diseased portion was hard and indurated around its edges, just like the present, but the angles of the lip were completely destroyed: it had all the characters of true carcinoma. The glands under the chin were enlarged to a great extent. He was between 60 and 70 years of age, and the case presented but very slight grounds of hope from an operation. I found, however, that though it would be necessary to take away an enormous portion, it would be possible to get the edges of the wound together, provided all the teeth in the lower jaw were removed. Nature having removed those of the upper. I proposed the operation, and he assented to it. I sent him to a dentist

to get the teeth extracted, and requested him at the same time to take the opinion of other surgeons. Three of the most experienced surgeons to be met with negatived the operation. To his direct question they said they had nothing to propose, and that a painful death only could await him. He then determined to submit to the operation. Of course I performed it, assuring him that there was but a slight chance, and that if the wound did not heal, I should place him in a worse situation than that in which he stood before the operation. I removed an immense portion, applied four hair-lip pins, fed him through a hair-lip tube for 48 hours, and the case terminated well. The enlargement of the glands subsided, and he has never since had the slightest return of the disease. The disease was of that character which must have destroyed him, if it had been permitted to go on; so threatening was its appearance, that the very dentist to whom I sent him, refused to take out the teeth. Had I had to do it myself. This, then, is a case, the gentleman being now alive. I thought it right to trouble you with the narration, because I deem it right to explain why an operation is undertaken under circumstances like the present.

#### ENCYSTED TUMOUR.

Mr. Vincent next removed an encysted tumour, as large as a small orange, from the axillary side of the right mamma of a young woman; and having applied two or three ligatures, brought the edges of the wound together by sticking plaster.

#### EXCRESCENCE.

An excrescence, about the size of an ordinary marble, and of a warty or *navus* nature, was next removed from the outside of the forearm of a muscular man, by the same operator. It was partly superficial, and partly subcutaneous. It had existed for many years; but within the last few months, by irritation, had enlarged and become exceedingly troublesome. It was described as a wart, but Mr. Stanley, on cutting into it after it was removed, considered it to have more of the nature of a *navus*.

These operations were all neatly and quickly performed.

Mr. Chenevix went round the wards *mag-netising*, as it was rumoured, some of the patients; but if it was intended to benefit the patients, it certainly was not meant to instruct the student. In every instance, Mr. Chenevix took the patient into one of the sister's rooms, and refused permission to any of the pupils to follow. This course was by no means relished by the students.

## AMPUTATION OF THE KNEE.

Henry Herbert, *stat.* 16, with dark eyes, dark complexioned and sallow appearance, was admitted under the care of Mr. Earle, Feb. 20, with disease of the left knee-joint. The disease had existed for three years. For some time past, abscesses in the neighbourhood have discharged considerably. Every attempt was made to save the leg. Of late, the patient's constitution had suffered. Diarrhoea supervened a few days before the operation, and it was at last deemed necessary that amputation should be resorted to. About one o'clock on Saturday last, Mr. Earle commenced the operation by making a circular incision through the integuments at the lower third of the thigh. Having dissected them back, he made another circular incision through the muscles, and dissecting them back also for a short distance, he divided the bone. After applying four ligatures, bringing the flap together, and rolling the stump, the boy was put to bed with one of the venous sinuses bleeding rather profusely.

## AMPUTATION OF THE LEG.

Major, *stat.* 11, a pupil at Christ's Hospital, fair haired, and of sallow complexion, was brought into the hospital on Saturday to have his right leg removed, in consequence of a diseased knee-joint. The boy had met with no accident; the disease was of twelve years' standing, and he was scrofulous. The opinion of all the surgeons was, that there was disease of the bone, and that it was a case for amputation, which Mr. Lloyd accordingly performed at the lower third of the thigh, by making a double horizontal flap of the integuments, then dissecting them back to the extent of about two inches round the thigh, beginning the elliptical incision on the inner half of the thigh, and making a circular cut through the muscles. The bone was then sawed through close to the divided muscles, leaving only the integuments to form the flap. Several vessels were tied, the stump was covered, the thigh rolled, and the patient put to bed.

The operation in each of the last two cases, was performed in two minutes.

## GUY'S HOSPITAL.

## REMOVAL OF A TUMOUR FROM THE BACK.

On Tuesday, May 20, Mr. Morgan removed an adipose tumour from the back of a middle-aged man, situated over the lower edge of the scapula. The first incision was made directly across the tumour, and a second from the middle of the first to the

top of the swelling, in the shape of an inverted J; the integuments were then dissected back, and the tumour removed in about twenty-eight minutes.

## LITHOTOMY.

Mr. Bransby Cooper addressed the pupils, informing them that he was about to operate for lithotomy on a man who was labouring under disease of the kidneys, and, as he believed, ulceration of the mucous membrane of the bladder, but that the operation was undertaken at the patient's own particular desire. The man was accordingly placed on the table, and sounded by Messrs. Cooper, Key, and Green, but no stone could be detected, and he was therefore taken to his bed.

On Tuesday, June 9th, Mr. Bransby Cooper performed the operation of lithotomy on a child, apparently about five years of age. Mr. Cooper stated previously, that although the child was unhealthy, and an unfavourable subject for the operation, it would not be proper to delay the operation longer, in consequence of the urgency of the symptoms. The child being laid on the table, and bound in the usual manner, Mr. Cooper introduced the straight staff, and having (with his two colleagues, Mr. Key and Mr. Morgan) ascertained the presence of a stone, the operation was commenced in the following manner.—An incision was first made with a common double-edged scalpel, about two inches in length on the left side of the raphe, extending obliquely backwards, dividing the integuments and superficial fascia. Mr. Key holding the staff in his right hand, another incision in the same track, but not quite so long as the first, was the next step. Several smaller incisions were then made, and the finger and scalpel were observed alternately passing into and out of the wound, with some apparent difficulty; the point of the scalpel at length found its way into the groove of the staff. Sir Astley Cooper's wife was next introduced, and the scalpel withdrawn. The operator then laid hold of the staff, and depressing it considerably, carried forwards the knife into the bladder; no gush of urine followed, which could be perceived by those who were at some distance from the operating table, but a great deal had passed by its natural course during the former part of the operation, previously to the opening being made through the perineum into the bladder. Having withdrawn the staff, &c., the short forceps were introduced into the bladder, but the attempt to extract the stone proved of no avail. Alternately they were removed, and the fore-finger introduced, and the ope-

rator seemed to evince some degree of impatience, until at length the long forceps were used, when a very large stone, of an oval shape, was extracted, seven minutes and a half occurring from the time of the first incision.

Mr. Key afterwards removed a large fatty tumour from the left axilla of a woman. The operation was very neatly and dexterously performed. It was not found necessary to secure any vessels, and the lips of the wound were merely brought together by strips of adhesive plaster.

## ST. THOMAS'S HOSPITAL.

### COMPOUND FRACTURE OF THE TIBIA AND FIBULA.

THOMAS HARMAN, admitted on May 16, at ten, A.M., into Jacob's Ward, No. 13, under the care of Mr. Green, with a compound fracture of the tibia and fibula, low down in the middle third, caused by a cart wheel crushing it against a post about 4 hours previously. The wound, which just over the spine of the tibia, is about 4 inch and a half long, through which the upper portion of the bone protrudes, pressing the integuments into a fold beneath. Mr. Green having attended at about twelve o'clock, removed the projecting portion of bone in an oblique direction downwards and backwards with Hey's saw, observing that while the shortening of the bone rendered the reduction more easy, the oblique direction in which it was removed would prevent the irritation which might otherwise be caused by the pressing of the integuments against the sharp edge of the tibia. The limb was then extended, and the reduction effected, without any great difficulty; after which the wound was dressed with a little lint dipped in the blood, and the limb put up in Amesbury's fracture apparatus, in such a manner as to keep up slight extension.

17. Has passed a good night, and is now free from pain. Bowels rather confined. Castor oil half an ounce.

18. Bowels freely perverted on by the medicine yesterday, and have been moved once to day. Pulse 114, full. The leg hot, and there is a blush of inflammation extending some distance above and below the wound, which is sealed with blood. Complaints of thirst; tongue white; says he is not in any pain.

19. Leg hot and swelled; blush extended; pulse 116, full; tongue white; thirst continues.

21. Has passed a restless night, but expresses himself as easier since the wound has been dressed. Inflammation and swelling extended as far as the knee above, and to the ankle and foot below, wound suppurating.

22. Been more tranquil during the night; heat and swelling less.

23. Inflammation much diminished, but there is still some heat and redness of the part; free from pain; bowels open; tongue whitish.

24. Much better in every respect, and has continued to do well ever since, excepting a slight attack of diarrhoea, which is now (June 2) yielding to the use of chalk and opium.

### REMOVAL OF THE RIGHT LOBE OF THE THYROID GLAND.

The first operation was for the removal of an enlarged gland (the thyroid) from the neck. — Gale, a young woman, twenty-four years of age. She had been in Guy's Hospital some months since, and had there taken iodyne to a large extent. The tumour is now, she says, much smaller than at that time, and the integuments are quite loose over it. On Friday, May 22, an operation having been determined on at her own desire, the patient was placed on the operating table. Soon after one o'clock, Mr. Green made the usual elliptical incision, and having dissected back the integuments, began dissecting out the tumour at its base, but several large arteries were divided, and obliged to be tied during the operation, and it was found impossible to remove the whole of the gland, on account of the large vessels in the neighbourhood, the operation lasted twenty minutes; the wound was dressed with dry lint.

23. Complains of headach, thirst, and pain in the neck; tongue coated, brown; pulse 102, small, and weak. Calomel three grains.

24. Has passed a tolerable night, and is free from headach; bowels rather confined; tongue brown and dry; has not any pain in the neck, except on swallowing; pulse 102, small. Common enema.

25. Has slept pretty comfortably, and does not complain of any pain; tongue still brown, but not so dry as yesterday; pulse 110, rather more full; wound rather sloughy. Calomel three grains; an efferevacing draught every four hours; fever diet; a bread poultice to the wound.

26. Tongue more moist, free from pain. Mercury, with chalk, three grains; opium half a grain twice a day.

28. Going on well.

30. Has been restless during the night. Cough; thirst; pulse 106, small; bowels

open; ipsecumsha three grains every four hours; lotion of iodide of soda on hat under the pendulous.

June 2. Fine steam pain; bowels open; wound healing healthy; arrow-root and milk.

3. Appetite improved; spirits good; bowels regular, and doing well in every respect.

June 4. Has been much disturbed during the night by the ravings of a woman delirious in the same ward. Is still restless, pulse 114, small, and rather sharp; bowels open; very weak. Take of

*Mercury and chalk, three grains;*

*Opium, quarter of a grain.*

*Brandy, two ounces daily.*

5. Granulations pale and flabby; difficulty of swallowing increased; tongue brown, dry, and cracked. Is annoyed by light; twitchings of the lower extremities; pulse very small.

*Infusion of roses, one ounce and a half.*

*Tincture of horehore, 15 minims every 4 hours;*

*Port wine, ounce and a half. Fish.*

6. At twelve A.M. delirious, at times during the night. The twitching continues, and the disturbance at light. Heat of head; tongue brown and dry; pulse very small. Had a rigour at about four A.M.

*Camphor mixture, two ounces and a half;*

*Carbonate of ammonia, five grains;*

*The black drop, four minims every four hours. Two eggs.*

*Port wine, four ounces daily. Beef tea.*

Four P.M. Pulse 132, more full and incompressible; much heat of head; tongue parched. Mr. Green requested Dr. Baile to see her, who recommended the head to be shaved, leeches applied to the temples, the stimulating plan to be discontinued, and to take some of the mercury with chalk. Ordered four leeches to each temple; mercury, with chalk, five grains twice a day; the port wine, &c. to be rather increased. She became much more quiet after the leeches had been applied, and slept pretty tolerably until about two A.M., when there appeared more difficulty of breathing; twitching of lower extremities returned with tremors, and the countenance became blue, but appeared to rally again for a time at twelve in the day. Being very irritable and delirious, the dresser ordered twelve leeches to the temples, but she did not experience any relief, and died in the evening in convulsions.

The portion of the gland removed was the right lobe of the thyroid.

## TO CORRESPONDENTS.

Communications received from J. W. B.—Mr. Dewhurst—Mr. Alexander Stewart—R. G., Dublin—Mr. W. Smith—A Medical Pupil—An Apothecary's Apprentice—Mr. Thomas Williams—Mr. H. J. G.—Mr. Litchfield—Mr. Clapperton.

We are obliged to Gullikens, but his paper is not quite the thing.

Mr. Hood's week will have our attention at an early opportunity.

Several communications in hand will be inserted next week.

## BOOKS RECEIVED FOR REVIEW.

The Influence of Climate in the Prevention and Cure of Chronic Diseases, more particularly of the Chest and Digestive Organs: comprising an Account of the principal Places resorted to by Invalids in England and the South of Europe; a comparative estimate of their respective merits in particular Diseases; and general Directions for Invalids while travelling and residing abroad. By James Clark, M.D., R.C.P., &c. London, T. and G. Underwood. 1839. 8vo. pp. 328.

On the Varieties of Deafness, and Diseases of the Ear, with proposed methods of relieving them. By William Wright, Surgeon-Aurist to the late Queen. London, Hurst. 1831. 8vo. pp. 295.

The Claims of Forensic Medicine, being the Introductory Lecture delivered at the University of London, May 11, 1839, By John Gordon Smith, M.D., Professor of Medical Jurisprudence. London, Taylor. 1839. pp. 28.

Observations on the Phrenological Development of Burke, Hare, and other atrocious Murderers, with Measurements of the Heads of notorious Thieves, presenting an extensive series of facts subversive of Phrenology. By Thomas Stone, Esq., Pres. Royal Med. Soc. Edinburgh, Buchanan. 1839. pp. 75.

An Essay on the Symptoms of Pregnancy, from the Earliest Stage to the Period of Quickening, &c. To which was awarded Dr. Hoptkin's prime gold medal for 1839. By John Moiray. London, Highley. 1839. pp. 49.

# THE LANCET.

Vol. II.]

LONDON, SATURDAY, JUNE 30.

[1858-9.

## ON THE SURGERY OF THE ABDOMEN;

By Dr. BLUNDELL.

Of all the branches of surgery there is none, I conceive, which, in this country, admits of greater improvement than the surgery of the abdomen, the great importance of which it is unnecessary to enforce. With a view to this improvement it is, that I have been induced to accumulate the following facts and observations; and in publishing them before the profession, it may be proper to remark that, where there is no observation to the contrary, I can vouch for their being substantially correct.

In four experiments the left kidney was taken out of the rabbit, through an incision upon the outer edge of it, about an inch long, very large for the bulk of the animal; the kidney was drawn up through the wound, and the superior half of the peritoneal attachment, thus put on the stretch, was, together with the vessels, included in the ligature. The rabbits were of *sparis* habit, and were under their full size, as they had not reached their puberty. Of these animals,—

1. The first died about sixty hours after the extirpation, with inflammation of the abdomen.

2. The second died about four and a half days after the operation, with the same disease strongly characterized.

3. The third rabbit recovered, lived for five or six weeks, and then died, from a cause which ill health prevented me from exploring.

4. And the fourth also for a short time recovered, fattened, and grew, but at the end of five or six weeks it died in like manner, with a mass in the seat of the extirpated kidney, formed by the peritoneum, and filled with a semi-fluid, in colour and consistency like custard; the cyst was not burst; the remaining skin was, I think, enlarged; the spleen was black, the liver was dark, the kidney was rather pale.

No. 303.

In seven experiments I took out the spleen; four of the rabbits were of *sparis* habit, and the same size with the former, and three of them were full-grown bucks, with the omentum, kidney, and other parts loaded with fat. Of the full-grown buck rabbit—

5. The first died about three complete days after the operation, with abdominal inflammation.

6. The second died about four days complete after the operation, with well-marked inflammation of the peritoneum, as in the preceding case.

7. The third recovered for a time, and seemed likely to survive, but three months and a half after the operation it died with a diffused peritonitis, and a large mass between the left portion of the liver and stomach, as big as a large orange, and full of a fluid, like whey and custard mixed.

Of the smaller rabbits,

8. The first died five complete days after the operation, with purging and inflammation of the peritoneum.

9. The second recovered for a time, but at the end of six months began to pine away gradually, like the former (7), and died ultimately with inflammation of the abdomen, effusion of coagulable lymph, firm adhesions, and a cyst in the region of the spleen, as large as the kidney of the animal, and full of a thin pus.

10, 11. And the remaining two recovered permanently; one of them being alive, well and fat at the present time: about five years after the operation, Oct. 1858.

In five rabbits I opened the abdominal cavity over the bladder to the extent of half an inch, in the course of the *linea alba*, punctured the *fundus vesicæ* with a lancet, and secured the aperture by ligature. Of these rabbits,

12, 13, 14. Three recovered completely, and were killed for inspection; and two died,

15, 16. One of them, fourteen days after the operation, with the external wound unclosed; the other, seventeen days after the operation. Both were a good deal emaciated, and there were no decisive marks of peritoneal inflammation.

In two experiments on rabbits under

the adult size, I cut off at least one-quarter of the bladder at the fundus, with one stroke of the scissors, a ligature having been previously applied.

17. One of these rabbits died seven months afterwards, full grown, and not obviously cachectic, with one of the purulent sacs already described seated internally, immediately over the abdominal wound.

18. The second rabbit is alive still, and appears large, fat, and healthy.

Into the peritoneum of four rabbits I threw about an ounce of human urine, of a full yellow colour; left it there for an hour, then discharged it, and washed out the peritoneum thoroughly, by injecting tepid water. They all suffered much collapse from this experiment, and while the urine remained in the abdomen among the viscera, they dragged the hinder legs after them, as if slightly paralytic: the injection of the tepid water seemed to soothe them. Of these rabbits,

19. The first, a fat buck, never recovered from a state of collapse, and died less than three hours after the experiment. The peritoneum exhibited no obvious marks of inflammation.

20. The second, also a fine fat buck, died in sixty hours, in part, at least, from peritoneal inflammation; there was purging. The inflammation seemed greatest nearest the wound.

21. The third, a rabbit under the full size, of spare habit, was destroyed in nineteen hours, with the most diffused and active peritonitis I ever saw in this animal. In this last rabbit I found small crystals of urinary salt, scattered all over the peritoneum, from which the urine had been negligently washed out.

22. The fourth rabbit, also under the full size, recovered completely, and is now, twelve months after the experiment, large, fat, and to all appearance perfectly well.

In seven experiments, I injected into the peritoneal sac eleven drachms of the decoction *quercis*, *Pharmacopæia Londinensis*; the rabbits were under the full size and spare. Of these rabbits,

23. One died in fifteen hours, with purging, and, I think, a diffused peritonitis in the incipient state; the extractive of the bark was found lying in the peritoneum; the intestines were tympanitic.

24, 25, 26, 27, 28. Five others died between twenty and thirty hours after the injection, apparently from the same cause;

29. And one got completely well.

In experiments 27, 28, 29, the decoction was of the full strength; in experiments 25, 26, 27, it was reduced to half strength; and in experiment 24, to a strength of one-third; it was therefore of the full strength in the rabbit that recovered. The rapidity with

which death ensued in these experiments deserves particular notice.

The peritonitic inflammation, which I have had repeated occasion to mention, in giving the results of these experiments, was marked, in the more decisive instances, by serous effusion; by the accumulation of adhesive matter; by the agglutination of the different viscera to each other, and the peritoneum; and, in some of the rabbits, by a thorough injection of the smaller vessels (on the large intestines especially) with blood, so that they exhibited a petechial appearance.

From the facts ascertained by the preceding experiments, the following inferences may, I think, be fairly drawn:—

1st. Large apertures into the peritoneum of the rabbit do not immediately induce a dangerous prostration of strength. In all my experiments, I never observed any marked collapse in the animal at the moment when the peritoneum was laid open, though I was in full expectation of it. When urine was injected, collapse was immediately and evidently produced.

2dly. Large apertures into the peritoneal sac, in the rabbit, are not necessarily, nor perhaps generally productive of fatal inflammation. Of eighteen rabbits not only opened, but subjected to further violence, five only died from this cause (1, 2, 5, 6, 8); the remainder, thirteen in number (3, 4, 7, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18,) either recovered, or were carried off by some other affection. As, in the eleven remaining experiments, a strong stimulus was applied to the peritoneum, these, of course, are excluded from the computation.

3dly. As the rabbit, the kidney, the spleen, and a large piece of the bladder may be extirpated without necessarily causing death, though death under the first operation is probable. Of four rabbits, all died ultimately from a renal operation; two, however, not till the or two months afterwards. Of seven rabbits, five died (5, 6, 7, 8, 9) from the splenic operation; and of the same number only three died (15, 16, 17) from the operation on the bladder.

4thly. When the abdomen is laid open, and parts are removed from it in the rabbit, the first danger arises apparently from collapse, (19); the second from general inflammation; (1, 2, 5, 6, 8, 20, 21, 23, 24, 25, 26, 27, 28); and the last from chronic topical disease, (4, 7, 19, 17.)

5thly. The rabbit's abdomen is very tender, probably no less so than that of man. Of twenty-nine rabbits, twenty-one died more or less directly from the operations performed, some of them, it must be confessed, violent ones; and it should be observed particularly, that five, out of seven rabbits, died from the splenic operation

carefully performed; though both cases, hereafter recorded, in which the human spleen was removed, under circumstances to appearance highly unfavourable, terminated in complete and uninterrupted recovery. The general impression left on my mind by many observations is, that the abdomen of the rabbit is, on the whole, no less tender than the human.

6thly. It follows, from the former inference, that success in abdominal operations on the rabbit, furnishes a presumption in favour of success in similar operations on the human abdomen; and therefore, from these experiments, we may infer, *presumptively*, that moderate openings into the human peritoneum will not necessarily, or even generally, prove fatal from inflammation or otherwise; and, further, that certain viscera or parts of viscera, not essential to the welfare of our structure, may be removed from the belly without necessarily, or even generally, producing death. The extirpation of the kidney must be highly dangerous; but there is a presumption in favour of the successful removal of the spleen, the ovaries, or even of large pieces of the bladder. But to proceed to observations of the human body.

Of slighter injuries of the abdomen, it is unnecessary to make a large enumeration. Tapping, slight wounds, in which the intestines are not laid open, hernial operations with extirpation of small pieces of the omentum, and in Mr. Pott's case of both the ovaries, in general confessedly so well; and where death occurs, after the operation of hernia especially, it is sometimes rather referrible to some accidental circumstance, as delay, for example, than to any thing of necessity emanating from the nature of the operation itself.

Of severer injuries of the abdomen, with their results, the following may be adduced as having, with few exceptions, fallen under my own notice, or that of my friends; and, as possessing an authenticity on which, where there is no observation to the contrary, I can thoroughly rely. These, as it will be perceived, are as they furnish instances at all, sending these taken from experiments on the rabbit; and form, apparently, a part of one harmonious system of facts, which mutually support each other.

30.—1st. One case, the only one I knew of, in which the mouth of the womb was torn off, and came completely away; large bleeding and collapse were produced, but the patient recovered. My friend, Mr. Scott of Norwich, carefully investigated this case, and Dr. Merriman, of London, is now, I believe, in possession of the preparation.

31.—2dly. One case, in which, from defective formation of the external genitals, the child's head could not readily pass: it

forced its way into the rectum, and was born at the same, occasioning three large rents, two laterally, and one forward; the woman recovered without any very pressing symptoms. Mr. Harrison, of Greenwich, had the woman ultimately under his care; and himself, in conjunction with my friend, Mr. Gaisford, obliged me with the relation of it.

32ly. Four cases of chronic inversion of the womb, in which the uterus was extirpated by ligature, at different ages.

33. One, a case under the care of Mr. Chevalier. The woman, in this instance, was, I think, about sixty, and for years previously had ceased to menstruate; no bad symptoms seem to have occurred.

33. The second, a case under the care of Mr. Mowham. The woman was about twenty-four. Some difficulties arose from the extreme irritability of the patient, but the greater part of the womb was got away. The preparation of the womb I saw myself. The woman is still doing well, and it is now six or seven years since the operation was performed.

34. The third, a case in which Mr. Windsor, assisted by Dr. Hull, of Manchester, operated. The patient was excessively irritable and intractable, and some difficulties occurred as in the former instance, but the operation succeeded. Dr. Hull himself related this case to me in a conversation between us.

35. The fourth, a case of my own, in which the greater part of the womb was removed by a wire ligature. It came away in eleven days. This patient was of a tranquil torpid habit; and not one bad symptom occurred.

36.—4thly. One case has fallen under my observation, in which a fall from the top of a bench occasioned a transverse rent through the abdominal coverings, above the abdominal rings, on the right side, four fingers broad at the least. The intestines hung out. The man recovered in a few weeks. The intestines still protrude at this part, pushing the abdominal coverings before them, and forming a ventral hernia. The scar of the rent is still apparent. The man was under the care of my friend, Mr. Green, of St. Thomas's Hospital.

5thly. Two cases may be mentioned, the only ones within my knowledge, in which the spleen was removed.

37. One, that of the soldier, whose side was laid open by a sabre wound at the battle of Dettingen, if my memory serve, the spleen protruding and lying out for some hours in the dirt. It was removed by the surgeon. The man recovered, and seemed to suffer afterwards no inconvenience referrible to the want of the spleen. Mr. Cline used to relate this case.

38. A second, that recorded by Dr. O'Brien in his inaugural dissertation. The case was under his own personal care. The man was a native of Mexico: the spleen lay out for two days before the surgeon was applied to; the bleeding was profuse; the vessels and other connexions were secured by ligature, and the spleen separated completely from the body on the twentieth day of the wound. On the forty-fifth day the man was discharged from the hospital, cured; and observed to some one about this time, that "he felt as well as ever he did in his life." There was bloody urine till the tenth day, the only bad symptom which occurred during his recovery; the kidney having most probably received a wound at the time when the side was laid open.

6thly. Three cases may be cited, in which the dropsical ovary was rent, probably extensively, from external violence; these are all that have been brought under my notice, and all terminated favourably. For the full authenticity of the following, I pledge myself:

39. An unmarried lady, with dropsical ovary, was thrown on the ground with violence from a two-wheeled carriage, and struck the enlarged abdomen with considerable force against a stone which lay by the road side. A large discharge of urine followed; she became permanently freed from her dropsy; and marrying, died with a retroversion of the womb, which could not be replaced. On inspection, the remains of a ruptured ovarian cyst were discovered, retroverting the uterus, which was fixed firmly in the retroverted position by means of inflammatory adhesions.

40. This case, which may be relied on as authentic, gives additional probability to one related by the late Dr. Kissam, of New York, who was a fellow-student of Mr. Gaitkell, at Edinburgh, and much esteemed for his activity and talent. In this, as in the former instance, the lady had an ovarian dropsy of many years standing, clearly distinguishable through the abdominal coverings. No abscess occurring, for several days afterwards, a trocar and canula were introduced into the peritoneal sac, and twenty-six pints of bloody serum were drawn off; the patient, notwithstanding the double injury from the rent and operation, getting well without any alarming symptoms.—*New England Journal of Medicine and Surgery*, vol. v. p. 225.

41. The third case deserves notice, especially as corroborated by the two former, which it resembles. There was swelling in the region of the right ovary, equable, smooth, and without distinguishable fluctuation; pain shot occasionally in the course of the round ligament down the thigh; the left limb first, and afterwards the right, be-

came oedematous; the general health was little impaired. When straining to reach something on a high shelf, the patient felt some part give way within her, and examining herself immediately afterwards, she discovered that the circumscribed tumour had disappeared, and that there was general abdominal swelling in its place. For a length of time afterwards she seemed to be recovering from this injury, and died with a scirrhus of the uterine organs, and not, as appeared, from the accident.—*Idem*.

## FOREIGN DEPARTMENT.

### SINGULAR CASE OF LOSS OF MEMORY, AFTER A FALL ON THE HEAD.

D.F., a healthy middle-aged man, fell from a staircase of considerable height; he was taken up insensible, but within a few minutes recovered, and on the following day, except a slight headache, felt quite well. In this state of apparent health he continued until the third day after the accident, when he suddenly, and without any obvious cause, became unable to fix his attention on any particular object, began to stammer, and after about twenty-four hours, lost his speech entirely, and became delirious; at the same time a discharge of bloody serum took place from the left ear. This state having lasted for nearly three days, he was attacked with epileptic fits, which, during the following three days, very frequently returned, but under the use of tartarised antimony, gradually diminished in violence and frequency, and, after a few days, disappeared entirely. From this time the patient began to pay some attention to what passed around him, and even made some attempts to speak. The use of the tartar emetic being continued for a fortnight, so as to produce vomiting two or three times a day, his general condition gradually improved, and at last nothing, except a very singular deficiency in his memory and articulation, remained. Whenever he attempted to speak, though he was perfectly conscious of what he was going to say, he was unable to find the necessary words to express his ideas, until somebody instantly pronounced the phrase, which he then immediately, and apparently with great satisfaction, repeated, like a person wishing to make himself understood in a language which he speaks very imperfectly; and what is most curious, those languages which he formerly had spoken with the greatest fluency, appeared to be completely forgotten. Being a native of Poland, he had generally conversed in Po-

lish with his countrymen; this, in his present state, he was quite unable to do, although he could speak German whenever he was assisted in the above-mentioned manner. Latin he spoke still better than German; as to the Greek, he had entirely forgotten it. He could read and understand all these languages if spoken to him, and the faculty of pronouncing them was in no degree impaired, but his memory seemed to fail him completely. It gradually, however, returned, and what is most remarkable, he regained it in a distinct order, so that he first reacquired German, then Latin and Greek, and lastly, Polish, which before the accident he had spoken best. During the period of his disease, his mind was in no other respect deranged; he was clear in his ideas, and even his memory, except for words, was in no degree affected. The discharge from the ear appeared to have no influence on his general condition, for it was sometimes suppressed for more than twenty-four hours, without any ill effect. It is further stated by the reporter of the case, that the patient, after his recovery, presented a very curious change in his temper and general health, and though formerly of a very melancholy disposition, and subject to bilious attacks, he was afterwards always in remarkably good spirits, and in the constant enjoyment of good health.—*Rust's Mag. f. d. ges. Heilk.*

#### FATAL EFFECTS OF THE INTERNAL USE OF PHOSPHORUS.

M. Ch. E. Dieffenbach, chemist at Biel, has lately fallen a victim to his zeal for science. He had been for some time engaged in making experiments on several powerful remedies, and at the end of last year began to try the effect of phosphorus, first in a dose of one grain, which was eventually increased to three grains. On the evening of the day of which he had taken the latter dose, he felt very ill, and a violent pain in the stomach, which he unfortunately attributed to a cold, and took no notice of it. After a few days, the pain in the abdomen having increased, he began to vomit a great quantity of greenish matter of a garlick-like smell. A physician was at last called in, and every thing done to allay the irritation of the stomach, but without any effect; convulsions, and a paralytic affection of the left arm succeeded, and the patient died on the 12th day after the experiment.

NEW METHOD OF SHOEING,  
According to the Principles of Mr. BRACY  
CLARK. Corresponding Member of the  
Royal Institute, and of the Linnæan  
Society.

There is no veterinarian, however slightly

informed, who can be ignorant of the admirable discoveries which Mr. Bracy Clark has made upon the foot of the horse, and those best acquainted with them, cannot fail to foresee that they will one day occasion a complete change in the practice of shoeing, by demonstrating that the common system is injurious, and in opposition to the laws of nature.

Mr. Clark, after having explained the true structure of the foot in a manner as ingenious as it is simple, and after having proved that it is *elastic in a sense which no one before him had either explained or known*, has been occupied with the greatest perseverance in seeking a method of shoeing which would preserve to the hoof that expansive action which is so peculiarly essential to it, and without which the animal is ruined, and loses the greater part of his usefulness. Mr. Crepin, speaking of them, says: Most satisfactory results have arisen from the use of these shoes. I have employed them in a number of cases, under Mr. Clark's direction, for horses lame in consequence of dryness and contraction of the heels, for such as showed great pain in their feet, hobbling along and going badly, and for such, also, as those persons who practise neurotomy would say, are in a state to indicate that operation.

This system has particularly succeeded upon a horse that Mr. Clark purchased at a time when he could scarcely go, and which it rendered perfectly sound. Also in the case of a little mare belonging to myself, to which it has given a freedom of action before unknown to her. A superb English horse, very lame, which had been treated during two years by a veterinarian of Paris, and for whom the members of the school at Alfort had been several times consulted, it has put into a state of capital going. In fact, I have to offer above twenty well authenticated proofs of the value of this mode of shoeing, upon which I cannot at present go further into detail.—*Crepin, Journal Pratique de Médecine Vétérinaire (for February.)*

#### POST-MORTEM DELIVERIES.

The following circumstance, which, although observed in the year 1798, has only lately been made public by Dr. Ferg, of Nuremberg, is a new proof of the tenacity of life in the organs of reptiles, and may be regarded as somewhat in connexion with the post-mortem deliveries of women and animals, of which numerous examples are upon

\* Mons. Crepin is a practitioner of eminence in Paris, and principal editor of the above work, and we insert his remarks, because they strongly corroborate the principles we have espoused on this important subject.—Ed. L.

record. When on board a ship lying off Siamang, Dr. Ferg saw on the deck a vessel containing the oviduct of a large sea-turtle, (*testudo midea*), which had recently been killed. This oviduct contained nearly hundred eggs; it was exposed to the sun. The doctor observed it contract, and the motions for this purpose became sufficiently strong to expel the eggs nearest the orifice; in a few minutes several of these were excluded.

#### STATE OF THE MEDICAL PROFESSION.

"Non ignara mali, miseris succurrere disco."—Virg.

To the Editor of THE LANCET.

SIR,—The observations of H. W. J., in No. 299 of your valuable Journal, have directed my attention to a subject which has long and frequently been matter of painful musing to me—the unprotected, the unfriended state of the Medical Profession. The remarks of a "Medical Benefick," in a former Number, on the same subject, I had hoped, would have excited, long ere this, the dormant sympathy of its listless members, and have aroused towards their unfortunate and sick-at-heart brethren, those kindly feelings of commiseration which their situation is so well calculated to call forth. Deeply as I, individually, have deplored the apathy which, dwelling in the bosom of its more fortunate members, have allowed these appeals, strong and energetic as they have been, thus to have subsided into oblivion, unnoticed and unheeded, I have hesitated to answer them myself, in the earnest hope, that amongst the hundreds that exist, many voices more persuasive, and pens more influential than my own, would have enlisted themselves in a cause so grateful to the best and noblest feelings of humanity. But, alas!

"Rari quippe boni: numero vix sunt totidem quot"

Thebarum portæ, vel divitiæ ostia Nilii."

These appeals, in behalf of the forlorn and friendless, have failed in making an impression on the hearts of those to whom they were addressed—the medical profession; but I sincerely trust, for its reputation generally, that the silence which its members have hitherto observed on the subject, is more the result of want of reflection and ignorance of the miseries it is proposed to alleviate, than cruel and wanton indifference to the sufferings of their professional brethren. Let them hear from me, that there are, at this moment, *hundreds* of these brethren, once as affluent as themselves, once

as vigorous, and even now, perhaps, of as high acquirements as themselves, pining, many of them with a wife and family, in the very depths of want and misery! I have in my eye, at this moment, a highly talented M.D., with an amiable wife and two accomplished daughters, thus sinking beneath the blight of misfortune, unprotected, unfriended, and unheeded—eking out their bitter moments in an obscure garret, with naught but their religion to comfort them. But this is not a solitary instance; hundreds, I doubt not, might be mentioned, were it our business to seek them out. Yet is it not horrible that a fate like this should await those members of the community whose lives are spent in administering to the relief of suffering humanity—who sacrifice health and comfort to its necessities—whose lives are devoted to a species of civil slavery, which knows neither rest nor intermission! The members of the medical profession, unlike all others, are dependent for support no less on their moral than on their professional character; their duties, arduous as they are, afford them, generally, but the bare means of supporting their characters as gentlemen; yet they are obliged, by the narrow-minded feelings of the public, to whom they are dependent, often to enter, prematurely, into obligations the most onerous, and to incur responsibilities the most imposing, lest they labour under disabilities which would render futile their education and attainments. They are subjected, by their investigations of the intricacies of disease, to the dangers of self-destruction by inoculation, or to the sacrifice of health in their devoted attention to their duties, for there is no source of disease in the human body so fertile, as that emanating from the harassed state of mind inseparable from the anxieties attendant on those duties. Yet from these, from misfortune, from faculties impaired by age, we have no refuge; all other classes enjoy theirs, but we must, with prophetic sagacity, depend alone on uninterrupted health and prosperity to enable us to fulfil the many and sacred obligations our destinies <sup>may</sup> <sup>in</sup> <sup>lead</sup> us to incur!

Yet is it not monstrous, that amongst men so enlightened as those which the medical profession numbers in its ranks, misery unalleviated, and misfortune unfriended—talent unfostered, and labour unrequited—should thus be permitted to exist! Shall we, on whose sympathy and kindly feelings a greater demand is made than on any other class of men, remain, in the winter of our days, the only beings incapable of arousing, in the breasts of our brethren, those feelings of compunction and commiseration which so readily flow through all other channels? It must not be. If we would not draw down on our devoted heads

the maledictions of the broken heart, and the curses of exhausted misery—if we would avoid the hatred and contempt of the more feeling portion of society, of those who are capable of appreciating the cruelty of thus forsaking, in the hour of need, our fellow-labourers—we must hasten (we have delayed too long) to provide them shelter from the passing storm, and a harbour, within whose welcome precincts their shattered barks may ride in safety.

"Solvite corde metum, Teacri, secladite curas ;

Auxilio tutos dimittam, opibusque juvabo."

The importance of this subject leads me to hope, that it may forthwith be taken up by far abler pens than mine ; should it not, however, I shall take the liberty of submitting to your notice the means I conceive to be the best calculated to carry this grand object into effect.

I am, Sir,  
Your obedient servant,

June 1.

X.

#### FARMING OF PARISHES.

To the Editor of THE LANCET.

SIR,—Permit me, in plain and homely, but sincere diction, to offer you my heartfelt thanks for the honourable, persevering, and determined manner in which you have ever exposed the ignorant, uneducated the villanous, protected the friendless and upheld the true honour of the profession thus conferring a lasting blessing on the community. The facts in proof of it are upon record, and will outlive the memory of man. Truth and reason have been made to penetrate into the dark atmosphere which has too long surrounded the medical profession, and ultimately our detestable medical laws, those groundworks of evil, must perish, and with them their instigators and supporters, never to revive again. The benefit of a few cannot be continued to the injury of the many, for the eyes of the public are opened, and an alteration there must be. There was a time when a lecturer could, with impunity, gabble nonsense, trample on the rights of, and treat with contumely, the whole body of students ; there was a time when the visits of a hospital surgeon to the wards of his hospital were as rare, transitory, and uncertain as a November sun ; when the cry of the maimed was, with the scream of the murdered, heard only to be forgotten ; and when, whether it was the result of ignorance or of neglect, the poor patient had a remedy of no kind ; for the public were unable to judge, and the skillful

bushed up the blunders of the ignorant, from a secret foreboding that inattention or neglect might one day attach to them also. The remedying of these abuses, and of more, much more than what I have stated, to you has solely been owing, and sufficient has been done to place your name high in the list of benefactors to your country. In the performance of this arduous task, you have been assailed by all that the ingenuity of the wicked could devise, and the heartless and detestable subterfuges which have been resorted to have only been equalled by the laughable and contemptible efforts of ignorance ; and while the former has created abhorrence, the peevish twaddle of Roderick, and the jargon of Jemmy, with his spurious Latin and worse Greek, only vary the pitiful smile.

The College of Surgeons, and Society of Apothecaries, have uniformly professed that they possess the power to prevent non-medical men practising, and that they are competent to do so, and that their examinations are such as will prevent the ignorant from obtaining diplomas. In this general statement the public have unfortunately placed implicit belief, but egregiously have they been deceived. To confute their first assertion we need only look to the hosts of charlatans and quacks that infest every town and city in the kingdom. The different papers are filled with advertisements, which, like the cries of the crocodile, too often allure the unwary to their destruction. Though this alone would be sufficient for every sensible mind to condemn the policy which permits such scenes of infamy and murder, yet, in reality, it is far excceeded by that which too often results from the appointment of parish surgeons, for, in the former instance, the application of the sufferer is voluntary, in the latter, compulsory.

Parishes in the country are, for the most part, farmed, that is, let to the man who is willing to give the poor, medical attendance at the lowest salary ; a fine opening is thus offered to all those ignorant wretches who feel neither remorse nor repugnance in trifling with human life. The mode pursued by these charlatans is as simple as it becomes practicable ; the moment that, by dint of perseverance, they have obtained a slight knowledge of the nomenclature of drugs, all that is necessary is to post into some country village, and mark their door with the word "Surgeon." This, from the unfortunate belief in the perfectability of our medical laws, is, in the country, a passport to respectable society. In a short time the workhouse practice of the neighbouring parishes is obtained, and then follows a scene which is beyond description. The poor wretches, who are compelled to apply to these miscreants, are pitiable in the ex-

treme. Let any one witness the melancholy results, not of the disease, but the misapplied means of the ignorant, and he will own that there is nothing to equal or compare with it. Some may imagine that this is mere fable, but there are too many instances that will testify its truth: I know of many. Such an instance as I have described, at this moment exists, and has for some years existed, in the case of a house of industry in Norfolk, to which more than twenty parishes are attached, containing altogether several thousand poor. In the opportunities that I have had of witnessing the practice, I have seen phrenitis, pleuritis, enteritis, and many more diseases of that class, treated with stimulants and opiates; each disease mistaken for another; inflammation of the knee, and phlegmonous erysipelas of the limbs, well covered with greasy poultices, and the pain attempted to be alleviated with pium; fractures of all descriptions mistaken and misplaced; dislocations, of the most palpable nature, undetected or mismanaged; opacities of the cornea pronounced to be cataract, and hernial tumours treated as enlarged glands; to the destruction of the health, the permanent injury, and even the loss of the lives of individuals.

I could readily lengthen the list, and relate the cases, but these heart-rending facts are too numerous, and too often met with by medical men, to render it necessary; yet, though these things are known beyond the possibility of a doubt, our medical institutions have the impudence to assert, that they possess the power to prevent them. Their deluded and degraded members know, too well, that instead of being a protection to them, and a safeguard to the public, they are the very inlets by which such miscreants creep into the profession.

I am, Sir,

X.

A Member of the College.

Norfolk, May 22, 1829.

#### IRISH APOTHECARIES AND SCOTT DUBS.

To the Editor of THE LANCET.

SIR,—The pains you have always taken to remove the abuses which exist in every department of the healing art, and the liberality you have shown to those whose opinions have been in any way discordant with your own, induce me, as a member of the profession of apothecaries, to address a few lines to you on the question of admitting physicians or surgeons to be enrolled amongst us, without serving an apprenticeship like us, or like us undergoing an examination as to their knowledge of selecting and compounding drugs.

If such an examination or such an apprenticeship be not requisites in order to be able to compound or select drugs, why not do away with the profession or business of an apothecary altogether, and let every surgeon or physician dispense his own prescriptions. It surely is not fair, if we apothecaries go to the pains and expense of a long apprenticeship, to have our province intruded upon by the physician or surgeon, as it may suit their convenience, or gratify their hopes of emolument, amalgamating the two callings into one for the sake of the profit.

But, Sir, I can never agree that the raw surgeon, who has devoted his few seasons to dissection, and concludes his studies by undergoing the discipline of the grinder, is a fit and capable person to either select or compound drugs, many of which he has never seen, and such as he has seen too seldom to be able to be a judge of their good or bad characters. In fact, I will say fearlessly, that the majority of our young physicians and surgeons have all their knowledge of drugs and prescriptions second hand, and in few instances, indeed, will you find any of them who have experimental knowledge of what he is about to prescribe for his patient; much fewer are the number who have attended to the nicety of composition, upon which very often the efficacy of the dose chiefly depends.

However, Sir, I have no objection to the introduction of physicians or surgeons amongst us, if they will first learn our art before they practise it, and thus, I am fully convinced, is only to be acquired by spending a couple of years behind the counter of an apothecary, and I am very much mistaken if they will not be fitter to practise after so doing than before. They will learn, by seeing medicines administered, to judge of their effects by personal observation; and when they commence their professional career, their prescriptions will be found more judicious than those of the young practitioners in general, and their draughts will be, perhaps, more grateful to the stomach and palate of their patients, as well as more effectual against their diseases.

I cannot conclude these remarks, which have been suggested to me on reading the discussion in your Journal, which occurred in Parliament on the petition of "Scott Dubs and others," without acknowledging the very great benefit which I have personally derived from reading THE LANCET, and giving my humble tribute of praise to the talents and spirit with which it has been conducted.

I am, Sir,

Mexxon,

A Dublin Apothecary.

May 26, 1829.

## ABUSES IN GUY'S HOSPITAL.

*To the Editor of THE LANCET.*

SIR,—As you have been so generally successful in your attempts to rectify hospital abuses, and the maltreatment of pupils, I earnestly entreat you to continue your exertions, and not to abandon the task of reformation, until you have obtained a perfect victory over the supporters of injustice and monopoly. If by furnishing you with the details of some recent omissions and intentional neglect on the part of the surgeons and physicians of Guy's Hospital, I can in any way promote your excellent endeavours, I shall be happy in submitting the following facts to your notice.

It was expressly stated in the prospectus of the lectures of Guy's Hospital, that certain clinical lectures in the course of the season, would be delivered by the physicians, to those who had entered to the medical practice of the hospital; but without assigning any justifiable reason, the physicians have not so much as given one clinical lecture. Unless, among other privileges connected with this institution, the physicians can claim that of making whatever promises they think proper to the pupils, without feeling it necessary to fulfil them, they must admit, that by this dereliction of duty, they have forfeited their words, and been guilty of great injustice to the students.

Until the present time, I had always considered the use of a prospectus to be that of acquainting those who wished to enter on a course of instruction, with the nature and extent of the information which the teacher has to communicate. Experience proves, that other views are to be assigned to prospectuses, which, though less useful to the pupil, are of paramount importance to the vendors, who, like our professional brethren, Dr. Eady and some others, are not, I presume, strangers to the efficacy of puffery. I am sorry that cause for complaint does not end here; Mr. Key, in his introductory lecture, stated, that Sir Astley Cooper would contribute his aid to render the course of study as useful as possible. Sir Astley Cooper has not fulfilled his promise. He has lectured only a few times, leaving Mr. Key to supply the rest, with a wretched apology for Sir Astley's violation of promise, and a most hurried and slovenly set of lectures on fractures and dislocation. Such is the treatment we receive at Guy's Hospital. It has been customary at the close of the lectures to give a surgical prize, in accordance with which, Mr. Key promised some time ago there should be an examination

But also for Mr. Key, he has forgotten his promise, and Mr. Morgan, whom Mr. Key proposed as the examiner upon this occasion, is incompetent to the task, by the effects of a severe catarrh. What with Mr. Morgan's indisposition and Mr. Key's forgetfulness, it is expected that the prize will not be given this year. If Mr. Key and Mr. Morgan intentionally delay awarding the prize, it can only be for the purpose, by delaying the time, of diminishing the number of candidates, and rendering the success of some favourite dresser more certain. Should this opinion be considered illiberal, I beg to ask, what right people have to expect credit for honesty of purpose, when their actions denote design and intrigue. Such conduct is insulting to the class, and is deservedly viewed with scorn by the more intelligent part of the pupils. Could my remarks end here, I should feel most happy, but as Mr. B. Cooper has also participated in the general offence, I must lengthen my communication. Mr. B. Cooper curtailed his lectures of the last course in a most unmerciful manner. He omitted the nerves altogether, and gave but imperfectly, several other parts. The only excuse that can possibly be pleaded for this omission is, that so much time was taken up, and so much breath wasted in making protestations of heartfelt thanks and promises of reiterated diligence, that neither leisure nor strength sufficient remained, to allow of a more consistent manifestation of his gratitude. These, Mr. Editor, are the gentlemen who complain of the unjust severity of your censure, and boast of their anxiety to promote the interests and respectability of the profession. It was by one of these that a fulsome address was presented, purporting to be a congratulation of Mr. Cooper on his signal triumph of principle and justice over a daring system of misrepresentation and detraction. Imposing piece of cant. Consumption of that mean-spirited finess, which taints the very atmosphere of Guy's. Designing knavery of some few time-serving parasites, over the unsuspecting credulity of the pupils of the hospital. These are the titles, the only titles, which truth and justice can assign to that address.

I am, Sir,

A MEDICAL PUPIL,

Borough, June 9th, 1829.

AROMATIC WINEGAR.—INFORMERS.

*To the Editor of THE LANCET.*

SIR,—As you condescend to notice in your widely circulated Journal, any thing which may be of service to the profession, you will, I can assure you, by noticing to

apothecaries that "aromatic vinegar" must not be sold without a stamp, be the means of saving many hundreds a "mitigated penalty of five pounds." The information is on the alert at the present time, they having out many "new things."

I am, Sir,

Your obedient servant,  
AN APOTHECARY'S APPRENTICE.

ERRONEOUS OPINION ATTRIBUTED TO MR. EARLE.

*To the Editor of THE LANCET.*

SIR,—In allusion to the case of Richard Parkes, contained in the number of your journal for May 23, page 252, I beg to state, that the report of the opinion said to have been given by Mr. Earle, is erroneous, and ought, therefore, to be corrected.

Mr. Earle particularly called the attention of the pupils present, to the fact of the patella's floating, and of the integuments covering it being as firmly adherent as usual; these facts, he said, convinced him that there was fluid *within* the joint, and that it was not diffused around it. Mr. Earle then remarked, that there was certainly an abscess above, which might, or might not, communicate with the cavity of the joint, observing, at the same time, that he should advise the puncturing of the abscess quite at the *upper part*, which would not only evacuate the pus, but at once disclose the nature of the case. By inserting the above in your next Number, you will oblige

Your obedient servant,

A P. PILL (who was present.)  
St. Bartholomew's Hospital,  
June 11th, 1829.

SECRET SURGERY AT DERRY.

*To the Editor of THE LANCET.*

SIR,—Having seen the good effects, both in England and abroad, which have resulted from the exposure of humbug and hole-and-corner surgery in your valuable publication, I am induced to inform you, that the secret system is carried on most disgracefully in the Derby Infirmary, by one who is termed the leading man, or *god* of the surgeons. He attends at irregular periods, and operates without making announcement beforehand, so that frequently he is attended by no one but his luminous assistant for a prompter, and his apprentices as witnesses of his adroitness. But if operations were made public by previous notices, the other infirmary surgeons and their apprentices would have the benefit of attending them. If you think these circumstances call for reform-

tion, you will oblige me by their insertion, and

I am, Sir,  
AN ENEMY TO HOLE-AND-CORNER  
SURGERY.

Derby, June 7th, 1829.

MR. ASSISTANT SEWELL.

*To the Editor of THE LANCET.*

SIR,—Mr. William Sewell, Professor Coleman's Assistant at the Veterinary College, performed, as you are aware, the operation of lithotomy on the horse, a short time since.

Although this operation is not very often performed, yet it requires so little dexterity, that any veterinarian could have operated with just as much judgment as was displayed on this momentous occasion by the learned Assistant.

Mr. Sewell was so elated at the success which attended this his first effort as a lithotomist, that he could set no bounds to its importance; and instead of quietly acquainting his brethren in the profession, as he ought to have done, of this wonderful case, he must needs send it, as a subject for discussion, to *the College of Physicians*! I understand, however, Mr. Sewell meant this as a preliminary step to submitting the case to the Royal Society, where he was once, unfortunately, proposed as a fellow, on some pretended claim to the discovery of another new operation.

After sending this case to the College of Physicians, Mr. Sewell advertised it in the filthy "Excrescence," of which he bought two hundred numbers, and distributed them to the subscribers of the Veterinary College, sending, at the same time, a model of the stone that was extracted.

In consequence of this *ruse*, at the last general meeting of governors and subscribers to the Veterinary College, a considerable augmentation of salary was voted to the worthy Assistant for his extraordinary zeal in the profession; but your medical readers will be better able to appreciate the merit due to Mr. Sewell on this occasion than his bottle friend, Mr. Beresford, and the other enlightened governors of the Institution.

I am, Sir,  
One of your constant readers, and  
AN ENEMY TO HUMBUG.

WIND STREET SCHOOL.

*To the Editor of THE LANCET.*

SIR,—Permit me, through the medium of your valuable pages, which have ever been the resource, not merely of the oppressed

pupil, but of the calumniated teacher, to answer some perverted representations which, under the signature of "A Pupil of the Webb Street School," appeared in the Number of your Journal for May 11, severely reflecting upon our much-respected teacher of midwifery in that school. And here it would, perhaps, be as well to state, that my delay in writing arose from an intention, which had been expressed, of doing so on the part of several pupils, who have, perhaps, like myself, delayed writing under the impression that others would.

Your correspondent states two grounds of complaint; the first is, irregularity of lecturing; the second, the short duration of the lectures. As to the second, the time, as he must well know, was altered from an hour to three quarters of an hour, at the express wish of the pupils; and, as the Doctor told us at the time, from a conviction, on his part, that we were more likely to retain, and commit to our note books, what was given in that time, than if the lectures were longer. Upon a similar, proper, and respectful application, I doubt not but that he would very readily have altered the time. As to the first charge, of irregularity, a list of *excuses*, as they are called, is given, the last of which he acknowledges to be false, though upon it he endeavours to raise an invidious comparison between Dr. Hopkins and Dr. Blundell. Dr. Blundell needs no such advocate—Dr. Hopkins need fear no such defamer. As to the others, they stand on even a worse footing; the one is a direct falsehood—the others, truth perverted to a false meaning. Such *reasons*, *not excuses*, for non-delivery of lectures, as parental representations, &c., have been given, but not falsely, as your correspondent would insinuate. Dr. Hopkins has, in the first place, a large private practice, and is in the habit, as doubtless you know, of being called in by private practitioners in cases of difficulty. He has likewise, by far, the most extensive field of practice for his pupils of any teacher in London, and when cases occur, is in the habit of summoning to the bed side as many pupils as he conveniently can; thus giving them an opportunity of seeing reduced into practice that which they have heard in theory.

Had your correspondent been as regular an attendant on those lectures as he wishes to be thought, he would have heard the Doctor, over and over, declare, that he thought the least part of his duty consisted in lecturing, and that the bed side was the place where he could, with most pleasure to himself, and most advantage to the student, inculcate that knowledge which is absolutely necessary for the practice of the obstetric art, and there he would be always happy to meet them. That those things have occur-

red more frequently of late, is a circumstance pretty fortuitous, for every day's experience will show us, that what may not have occurred for a long space will sometimes occur frequently in the course of one week; and if it appear strange in this instance, its accuracy might easily have been ascertained by inquiry of his fellow-students, some of whom he would have found were present at one or other of the cases. From the disrespectful tone of the remarks, I am strongly inclined to think, that though the writer may be a pupil of the Webb Street School, he is not a pupil of Dr. Hopkins; and for this reason, that though the freedom with which medical students canvass the merits or demerits of their respective teachers is well known, I never heard a disrespectful remark concerning Dr. Hopkins.

Your insertion of this letter will much oblige

Your obedient servant,  
THOS. WILLIAMS.

Bolton, June 9, 1839.

#### TREATMENT OF THE DROWNED.

##### To the Editor of THE LANCET.

SIR,—A friend having just handed me THE LANCET of May the 30th, in which is a statement of the case of Abigail Keerny, communicated by J. Baker, Esquire, and as some part of his observations seems to imply that proper means had not been used previous to his arrival, I think, in justice to me, you cannot refuse to insert my statement of the case, the truth of which can be attested by the two men who took the woman out of the water, and several other persons. When the woman was brought to my house *she was not insensible*, but drank with eagerness some brandy and water, which I gave to her; I then proceeded, according to the instructions of the Humane Society, to strip off the wet clothes, to apply warmth, &c., and upon putting her feet into water, she cried out, in consequence of its being too warm; from which circumstance you may judge what wonderful exertions must have been required to restore animation. After the brandy and water was given her, she vomited, and was fast recovering. Before J. Baker, Esq., arrived, she, however, appeared much exhausted, probably occasioned by want of food, and continued to groan for a long time. The medical attendant, in order to restore her, proceeded to bleed her in the arm, and afterwards in the neck, which methods of restoration, by the by, I do not find in the instructions of the Humane Society, nor has he had the candour to mention them in his statement. I should not have thought it worth while to notice the

circumstance, but that J. Baker, Esq. has taken all the merit to himself, not having deigned even to hint that I was in any degree a party to her recovery, either in the way before mentioned, or by providing her with spirits, lodging, food, &c. for the night, without receiving any remuneration whatever.

I am, Sir, yours respectfully,

J. CLAPRYN.

Tiger Inn, New North Road.

P.S. J. Baker, Esq., called the next morning to bleed the woman in, but seeing she was so weak, he desisted doing it, or he might again have had to use "the means recommended by the Humane Society, for an hour and a half," or longer!

#### PHENOMENA IN VACCINATION.

By JOHN LEESON, Esq., Surgeon.

Some time back, I was called to attend upon a child labouring under variola, and to prevent the brother of this child from contracting the disease, I advised vaccination to be performed immediately. Cow-pock matter being obtained from Dr. Walker, it was employed, and produced the desired effect. On the eighth day after insertion, I abstracted some matter for the purpose of communicating it to another child, and on the ninth day it sickened for variola. The cow-pock, which was on the eighth day a fine specimen of its kind, continued stationary during the whole progress of the small-pox, until both disappeared together. The last child, it must be observed, had also a very fine cow-pock, and escaped small-pox. The first child labouring under variola, the second vaccinated as a protection from the first, the vaccination succeeding to all intents and purposes, and yet small-pox ensued with such severity, that recovery was for some days doubtful; the child, however, as well as in the first case, perfectly recovered. The last child that was vaccinated, had, as was stated, a fine pock, having escaped small-pox, although the system of the child from which the matter had been taken, must have been at the time impregnated with the virus of the variolous disease.

That cow-pock did not prevent small-pox, is exemplified in the first case that was vaccinated;—that in the same case cow-pock and small-pox went on together; thus showing, that two pustular diseases of a different nature may exist at the same time in the same system. That in the last case, it would appear, that one pustular disease only may be propagated from a system when two exist.

31, Chiswell Street, June 3d, 1829.

#### SEVERE CONSTIPATION TEMPORARILY RELIEVED BY QUICKSILVER.

By THOMAS LITCHFIELD, Esq., Surgeon, Twickenham.

A PATIENT, *ætat.* 36, a female, applied to me on the morning of the 16th of May, (Saturday,) complaining of pain at the umbilicus. Her pulse stood at 70; no particular foulness of the tongue was perceptible; she had passed a stool the previous day.

I prescribed five grains of calomel and two grains of opium, to be followed by a senna draught, expecting the bowels would be relieved and evacuated of their contents. I heard in the evening that the purgative had failed, and an ounce of the castor oil was therefore administered; this also was unsuccessful. Finding the constipation next morning still unrelieved, the croton oil, (two drops,) with fifteen grains of ext. colocynth, were given in three pills; the bowels fomented, and gual clysters with Epsom salts dissolved, employed. Constipation the same. Finding the method pursued still unavailing, and the umbilicus painful, about fourteen ounces of blood were abstracted from the arm; it presented no particular inflammatory appearance. Towards evening a physician was consulted, and having heard what means had been resorted to, he determined on giving Read's syringe a fair trial. I had previously thrown up five or six quarts of water by means of a large apparatus, (I believe Weiss's invention,) but without success. If the injection of water in quantity could have afforded aid, it must have followed, as no efforts were wanting on the part of the physician or myself; but after several trials, only a few hardened feces were removed. I should have tried the effects of quicksilver had the physician not arrived; but, on mentioning it, he considered it would be of too little use. Leeches were applied to the umbilicus, and a large blister was afterwards placed over the crura; the croton oil was again tried with opium, but rejected; afterwards two drops were put upon the tongue, and the same quantity introduced on a feather up the rectum, with an idea of stimulating the gut. Still unavailing; the vomiting was incessant, and the abdomen swelled; indeed, the case, which, from the onset, I looked upon as one of ileus, became hopeless, and the physician discontinued his attendance. The syringe was occasionally used, and every means which art could suggest were tried, but in vain. On the ninth day, all the symptoms continuing unabated, though but little inflammatory appearance could be noticed, Mr. C., a medical practitioner, residing at Twickenham, saw the case with me, and, from the appearance of the patient, he ex-

acted speedy dissolution. I suggested to him a trial of the quicksilver, having once found it of service, and, as a *dernier ressort*, he agreed with me as to the propriety of trying its efficacy. Half a pound was accordingly given at about half past ten, A.M.; and the stomach, as it did with every thing else that was oppressive, made desperate efforts to throw it off, but the specific gravity of the silver overcame them. At four, P.M., we again saw the patient, when *free evacuation had taken place*, large masses of the silver being perceptible in the stool. For some hours after this, great prostration of strength was experienced; but, upon the gradual introduction of gentle stimulants, the stomach became more quiet, and the patient expressed much relief. The second, third, and fourth day after this, she appeared improving; but, on the fifth, the stomach again rejected aliment, and the pulse sagged sadly. On the sixth, (fifteen days from the date of the first complaint,) the case again became hopeless, and the patient lingered until the following evening, when she expired. Immediately after the evacuation of the bowels by the silver, the stools were sufficient and regular, proving that the difficulty in so far had been surmounted. There was no hernia.

#### *Examination of the Abdominal Viscera.*

From the circumstance of two persons being in the room watching, in case I might remove any part, the head and thorax remained unexamined; but as she was completely sensible until the last moment, and the thoracic viscera did not appear affected, I do not think the omission was material. "The stomach was completely empty and collapsed, presenting no marks of inflammation. No stricture of the pylorus. Duodenum and colon, with its appendices, natural, showing no traces of intussusception, and only slightly inflamed. The liver sound, indeed, particularly firm and healthy, and the gall-bladder flaccid and nearly empty; neither did the pancreas or spleen offer more than common appearances. The omentum was particularly small, and contracted where attached to the stomach, with little fat, looking darker than usual. The whole course of the lower intestines was filled with liquid feces, the same in appearance as was evacuated after the silver had been given, evidently proving that the obstruction had yielded. With the scalpel, the whole mass was opened from the stomach to the rectum, and was carefully removed from its attachments, but no stricture presented itself. The peritoneum was slightly inflamed, but not more so than I have frequently seen it, when a little abdominal irritation has existed, or has been even sus-

pected. The bladder was healthy, but the uterus slightly diseased, being thickened, and apparently scirrhus. The rectum also, I should state, was slightly strictured, but presented nothing indicating the least cause for the difficulties which were met with. The patient had for years been subject to uterine irritation, and the rectum had frequently been in a state of severe prolapse." I wish to ask the profession the following question: Provided the *argentum vivum* had been exhibited earlier, might not the patient have recovered?

Twickenham, June 9, 1829.

#### TESTS FOR THE SULPHATE OF QUININE.

By M. AUGUSTE DELONEL.

1st.—The sulphate of quinine must be soluble in rectified alcohol; if it contain sulphate of lime, soda, potash, magnesia, or any other substance insoluble by alcohol, the adulteration will be easily detected.

2nd.—It is soluble in acidulated water; by this solution, if there be any stearine, margaric acid, or any other serous substance, these substances will remain entire, and will float on the surface.

3rd.—It should give, by volatile alkali, a white precipitate, rather flaky, which is soluble in alcohol, and which, on being exposed to a gentle heat, will consume without leaving the least residue.

4th.—After having dissolved it in water, to which has been added a few drops of acid, it can be decomposed by the means of a little volatile alkali; it must be filtered and evaporated to dryness. If sugar has been introduced, it will be easily detected by the taste, or by burning the residue, which will produce the smell of burnt sugar.

London, May 18, 1829.

#### ERGOT OF RYE IN ABORTION AND HÆMORRHOAGE.

By CHARLES M. THOMPSON, Esq., M.R.C.S. *Waterham.*

THE efficacy of the secale cornutum, in certain cases of lingering parturition, is now so fully proved by experience, that it seems useless to relate fresh instances of its power; but as little has hitherto been said of its effects in abortion, or in hæmorrhage after delivery, I shall take the liberty of detailing two cases, which may, perhaps, appear useful to the profession:—

CASE 1.—Mrs. K. was delivered, May 22, after a natural labour, and for some days appeared to be doing well. On the 4th of June, either from imprudently moving about, or from some other cause, she was seized with hæmorrhage, which increased to a

most alarming degree during the 5th and 6th. At this time her countenance was blanched, pulse intermittent, & no insubstantial; yet, in spite of all the usual astringent remedies, the hæmorrhage continued. I now resolved to try the scale of astringents, and directed an infusion of one drachm in six ounces of water, of which she was to take two large spoonfuls every hour. Soon after the second dose, severe uterine pains came on, and, upon taking the third dose, the hæmorrhage ceased; she however took the remainder of the infusion. From this period she recovered.

CASE 2.—The subject was Mrs. H. I had attended her about twelve months previous, in a miscarriage; the case was extremely severe. She was three months advanced in pregnancy, and the mother of a large family. The hæmorrhage accompanying the abortion was so violent as to place her life in the greatest jeopardy, and the expulsion of the fetus, which was not accomplished till the end of 48 hours, I was called to her, on the present occasion, on the morning of the 8th June, and found her fainting from the loss of blood. I ascertained, on inquiry, that the hæmorrhage had continued through the night, but the fetus was not expelled. Calling to mind the severity of her former miscarriage, and finding she had arrived at the same period of pregnancy, I determined, instantly, to try the ergot, and an infusion of half a drachm in four ounces of water was directed to be taken in three doses, at intervals of half an hour. At the end of two hours I called to see the effect, and was delighted to find my patient in high spirits at the result, and exclaiming (as the other patient had done) the power of this "wonderful medicine." It appeared, that in five minutes after the first dose, pains came on, and in five minutes after the second, the fetus was expelled. From this time the hæmorrhage ceased, and my patient is stronger at this moment than she was at the end of three months after her former miscarriage.

I shall make no comment on these cases; those who have witnessed the dreadful havoc made on the constitution by uterine hæmorrhage will duly appreciate a medicine that has the power to check its violence.

12th June, 1829.

#### ENTER HOOK SWALLOWED BY A CHILD.

By GEORGE BOTTOMLEY, Esq., M.R.C.S.,  
Croydon.

I was sent for, on Monday the 13th inst., to visit a child sixteen months old, that had a enter hook in its throat. When I arrived, the blood was coming from its mouth, and it appeared to be in a dying state, and in most dreadful agony. In passing my finger down

the passage, I fancied I could feel the point, but too low down to be extracted by the mouth. I then passed a probang, and, with some considerable force, removed it from its situation into the stomach, which, when done, the child appeared very much relieved. I administered small doses of castor oil, with laudanum; it slept well that night, and continued perfectly easy afterwards. On the Friday following it passed per anum, without either pain or difficulty, and the child is perfectly well at this moment.

The body of the hook measured one inch and three quarters in length, and the hook itself three quarters of an inch.

April 30, 1829.

#### SIR HUMPHREY DAVY.

THIS great chemist has been gathered to his fathers, after a severe and protracted illness, which, if not altogether, was, in great measure, brought on by injuries occasioned to his constitution by scientific experiments. He died at Geneva on the 30th of last month, in which city he had arrived on the 19th, accompanied by Lady Davy, and was then in a state of great suffering, though no immediate danger was apprehended. The highest honours the city was capable of affording, were paid to his remains; the magistrates, officers, and all the scientific inhabitants having attended the funeral.

We believe Sir Humphrey Davy was a native of Penzance, and that he was born in December, 1779, his age therefore was under fifty years. His genius is said to have been originally inclined to poetry, and he is well remembered in the neighbourhood of his birth-place as a verse writer, at a very early age. Though the subsequent events of his life withdrew him from the temptations which the art holds out to youthful aspirants, he always retained a strong taste for literary pleasures; and when his continued illness retarded his scientific pursuits, he gave vent to it in various manner. His lately published, "Balmston" was an agreeable proof of his capabilities as a literary writer. Sir Humphrey was originally bred to the medical profession, with a view to practising as a physician, and was placed under the care of Mr., afterwards Dr. Borlase, of Penzance. His education with that gentleman became of the most extensive kind; but, in a short time, the science of chemistry engaged the whole of his attention, and the result of a correspondence with Dr. Beddoes on some of the properties of sea-weed, and a friendship which he formed with Mr. Davies Gilbert, decided the nature of his future career. Mr. Davy resided for

a considerable period with Dr. Beddoes at Bristol, and he there performed the great majority of the experiments which were afterwards published in his "Chemical and Philosophical Researches," though not more than twenty-one years of age at the time. This work obtained for Mr. Davy a very high reputation, and led to his introduction to Count Rumford, and his appointment as professor of chemistry in the Royal Institution. His course to the highest rank as a chemical philosopher was, after this, rapid and brilliant; and if he was previously aided by as few of the advantages of fortune as any man living, he had now at his disposal whatever his industry and talents chose to command. The splendid results of his labours are well known; it is very possible, however, that he may have left behind him much not yet made public, for which science will be indebted to him.

His works, papers, and lectures, were numerous. The "Transactions of the Royal Society" contain the greatest portion of them. The last which engaged his attention to any extent, was that containing the experiments on the application of electrical combinations, for the purpose of preserving the copper sheathing of ships' bottoms. To this subject Sir Humphrey gave much of his time, and personally inspected all the boats and vessels on which the trials were made. Although the theory upon which they were conducted proved eminently correct, no advantage could be ultimately taken of the plans which it suggested. The saving of the copper was wholly counterbalanced by an accumulation of shell-fish, and seaweed on the sheathing, which became sufficient, in a short time, to prevent the proper command of the ship at the helm. It is a curious circumstance, that the earliest and latest experiments of the life of this great man were connected with the same fluid—sea-water.

#### THE CELEBRATED LOCKE AS A PHYSICIAN.

At the conversations held in the College of Physicians on Monday, June 1st, those amongst this "learned body" who were ignorant of the fact, had an opportunity of hearing it confirmed beyond all doubt, that the great John Locke belonged to the profession, Lord King (who was present) having put into the hands of Dr. Clarke, of Beville Row, an old French almanac, formerly the property of Locke, in which there were blank pages interleaved, containing notes and memoranda, settling all question on the subject. The notes particularly referred to on the present occasion, contained his reflections and treatment on occasion of his being sent for by the Countess of Nor-

thampton, and, the lady of the English ambassador at Paris, in December, 1677, who was suffering from pain and throbbing of the face and lower jaw, in all respects resembling *tie dentaireux*. Our philosopher describes the malady with great accuracy and minuteness, ponders on its cause, and the best mode of treating it, and decides on an external opiate, which afforded relief. There is nothing, however, in the treatment and reflections characteristic of any great professional experience. If the disorder had been constipation of the bowels instead of affection of the nerves of the teeth, the noble patient would have found herself in the hands of rather too timid a physician; for although he appears fully convinced of the advantage which would accrue from the administration of a little opening medicine, he decides upon not having recourse to it, because the weather is wintry, and he fears that going to stool might give the countess cold. Paris was never very famous for its domestic comforts, but if these were of such a nature as to occasion risk to a patient of wealth and rank, confined at home as a delicate invalid, its conveniences in the seventeenth century could not have been much advanced beyond those of our own country in the reign of the eighth Harry, when, having no fires in the houses but for cooking, people of no little note were obliged to take "a good run for half an hour, to get heat in their feet before they went to bed at night." The whole treatment, indeed, of Locke was of the doubtful gender, and he concluded by extracting, or having extracted, a tooth, which proved to be perfectly sound, and the removal of which rather increased than abated the complaint. However, in a fortnight from his first attendance, having ventured to purge "my lady ambassadrice" with mercurial medicines to the extent of "seven or eight workings," she got well, and the doctor's visits were discontinued.

#### TEST OF INSANITY.

After the above communication had been made, Sir Henry Hallford addressed the gentlemen present in a paper which he had drawn up on the subject of a test for insanity in certain cases in which that malady is suspected, and in which there is an evident impossibility on the part of the patient to recollect statements which he had previously made; so that on one occasion an insane person might be heard to speak sensibly on any point, in a certain train of phraseology, who on another could not repeat the same sentiments in any form. The following passage occurs in the closet scene in Hamlet, in which the great poet of Nature has

delineated in a masterly manner, his point is the moral history of insanity:—

“ Ecstasy  
My pulse, as yours, doth temperately keep time,  
And makes as healthful music to the mad  
That I have uttered; bring me to the test,  
And I the matter will re-word, — which  
madness  
Would gambol from.”

The President stated, he had attended cases in which opportunity had occurred, of trying how far the patient lost the power of “re-wording” the matter of his speech. In one of these, which was of recent occurrence, but for his application of the test, the heir at law to the patient would have been deprived of a comfortable succession, and the attending solicitor, without intentional connivance, have been benefited in his stead. The deranged man did “gambol from the matter,” and the will to which the test referred was not allowed to be executed. The President illustrated his position by many elegant and erudite quotations from various authors, and highly entertained his audience.

#### IODINE IN DROPSY.

Mr. W. BRADFELD, London Wall, has favoured us with the particulars of a case of dropsy, from which it appears, that after the patient had been repeatedly tapped, and her legs scarified, without any permanent beneficial result, he was induced, from reading Dr. Gardiner's treatise on iodine, to try the effects of that medicine. He gave the patient (Mercy Millham) eight drops of the tincture, in a glass of cold water, three times a day, and at the same time directed a liniment, which consisted of half an ounce of the tincture of iodine, with three ounces and a half of the compound soap liniment, to be rubbed two or three times daily over the integuments of the legs. “In two months,” says Mr. Bradfield, “I was happy to find that my patient was able to resume her domestic employments. Her abdomen and legs are restored to their natural size, and she can walk upwards of a mile without exhaustion.”

#### CONCEPTIONS.

In a memoir on the influence of the seasons, climates, periods of labour and repose, abundance or scarcity of provisions, and social habits, on the number of conceptions in women, M. Villermé states as one of his conclusions, that the six months of the year in which there are most births, occur in the following order—February, March, Janu-

ary, April, November, &c. He refers the conceptions to the June, April, July, February, &c. He regards the same agent with marsh miasm, as amongst the obstacles connected with climate (as it were, indeed, with season) to fertility. In the year 1817, one of great scarcity of provisions in the eastern part of France, a diminution of the number of conceptions by one half of the ordinary number, was a very marked result.

#### LIVING CHILD WITH TWO HEADS.

At the Academy of Sciences at Paris, on the 25th of May, M. St. Hilaire exhibited a drawing of a female child, which was living at Turin at the commencement of last March, and was then ten weeks old. The lower extremities only, of the monster, are common to the two; the upper part is separated, and presents the proper conformation. The priest who performed the christening, seeing in this being two separate individuals, baptised each of them; one was called Ritta, the other Christine. They (or it) were born at Sassari in Sardinia, at the beginning of March, 1829. Their common height is that of a full-sized infant. Ritta appears in ill health. The father intends to take them to Milan, and from thence to Geneva.

#### FRENCH PRIZES.

TAXIS has been a degree of indolence or carelessness evinced on the subject of prizes lately awarded by the French Academy for scientific papers, for which it is difficult to account. For the prize in physics, awarded on June 1, there was but one competitor, Dr. Savart. Of this aspirant, M. G. Cuvier stated that his paper was unworthy of the prize, but that by way of encouragement, a sum of 2000 francs should be awarded to him. A prize of 3000 francs was, at the same time, decreed to M. Dubuc, a druggist at Rouen, for having first made public an improvement, which renders the art of weaving less insalubrious. M. Fohert received the prize of statistics for his work on insanity, suicide, and sudden death. Of a memoir by M. Vilhoit sen., on the measure of the duration of human generations, honourable mention was also made. For another prize, (Alhambret's,) no candidate whatever appeared. At a previous sitting of the Academy, a memoir was read by M. Dulong, on the specific heat of elastic fluids, in which this eminent philosopher laid down the simple general law, that all elastic fluids, at the same temperature and pressure, on being compressed or dilated by the same fraction of their volume, disengage or absorb the same absolute quantity of heat.

## THE LANCET.

London, Saturday, June 20, 1839.

NON-MEDICAL coroners are becoming persons of great notoriety; and the singularity and shrewdness with which they execute the duties of their office, were never more happily displayed, than on two recent inquests, one on the body of Mr. VAN BUTCHELL's patient, the other on the body of the child who had been treated at the Kent Dispensary. As the circumstances connected with the latter inquest are still under discussion in the newspapers, we shall abstain from further notice of it at present, being desirous of grounding our remarks upon a faithful record of facts.

The trial of Mr. EDWARD MARTIN VAN BUTCHELL on the charge of manslaughter, which grew out of the former inquest, took place on Wednesday last at the Old Bailey, and, as we anticipated, ended in the honourable acquittal of the defendant. We stated on a former occasion our decided opinion, that no evidence could be adduced to justify a verdict of manslaughter, and such proved to be the fact; for, after the examination of only two witnesses on the part of the prosecution, the learned Judge (Bosanquet) stayed the proceedings with the observation, that there was no case; and subsequently his Lordship remarked, that "he was not aware of any principle in law, which would sanction such a prosecution." "If," said his Lordship, "a patient suffer at the hands of a licensed practitioner, a remedy is provided by the surgeon being amenable to an action at civil law; so, likewise, with respect to an unlicensed practitioner, who is further amenable to certain penalties for practising without a license; but under no circumstances, except we could suppose malice, and that the practitioner wilfully destroyed his patient, could a charge of felony be sustained." We venture to

say, that there is not a single member of the profession who has not heard with astonishment of the institution of criminal proceedings against Mr. VAN BUTCHELL. The thing was so monstrous—so unjust, that a feeling of indignation respecting it pervaded the public mind. *Salus populi, suprema lex*, is a hacknied, but worthy adage: it is the duty of government to provide proper penalties for the qualifications of those, to whose care the lives and health of the public are committed; and, provided every facility be afforded for the cultivation of the requisite knowledge, it must be admitted, that there is no injustice in requiring reparation for mischief clearly resulting from ignorance or rashness. In the unrequited case of Mr. PARRICK, it will be remembered, that damages were awarded to the extent of seven hundred pounds; and surely if so much was given for the loss of a limb, the executors of a patient, in case of death, would be enabled to maintain an action, for whatever loss had been sustained, owing to the destruction of life, through the ignorance or daring of an unskilful operator, whether licensed or unlicensed. It appears to us, that if a verdict of manslaughter be maintainable against a coachman, who, from mere carelessness, knocks down and drives the wheels of his carriage over a man on the highway, that a verdict of manslaughter will also lie against a surgeon, who from carelessness, wantonness, or ignorance, destroys a person whom he had been employed to cure; if the law be the reverse of this, we are persuaded, that it would be better at once to close our hospitals, than to keep them open. But, in order that the public may be enabled to discriminate between skilful and unskilful operators; between the scientific and the unscientific treatment of disease, it is necessary that, in every instance, the coroner should have been educated to the medical profession; in fact, that all individuals hold-

ing the office of coroner, should possess the medical and surgical knowledge not only of the science, but of the anatomy and physiology of the human body. Had the coroner been provided at the inquest held upon the body of Mr. VAN BUTCHELL's patient, that medical practitioner, we are persuaded, would not have returned such a verdict as that of many cases of this description are multiplying upon the subject must force us to present to the Legislature; and as we are aware that it is likely to interfere with the laborious and interesting interest of the Legislature, in all probability in the course of the next session a new enactment, relating to the appointment of coroners, will be introduced by the Legislature.

The case of Mr. VAN BUTCHELL, the learned Judge remarked, was unprecedented. Had the friends of the deceased thought proper to pursue the course which was open to them by law, namely, that of a civil action, there would have been less appearance of vindictiveness, than in the attempt to drag a man on such a charge to the bar of justice as a felon. Mr. VAN BUTCHELL would have utterly disproved the imputation of ignorance or erroneous practice; for, it is evident that the case did not merely fail in a legal point of view, but that there was not even the shadow of a charge against the defendant. A more idle, unsubstantial, and unfounded accusation, was never brought into a court of justice. The patient did not, after the use of the bougie, complain of violent unremitting pain; on the contrary, he felt more easy after the instrument had been passed. At the *post-mortem* examination of the body, which exhibited signs of intense inflammation, there was not, according to the admission of Mr. Lloyd himself, any fecal extravasation. With respect to the precise appearance of the opening in the rectum, no evidence was given, Mr. LLOYD simply stating his belief, that rupture had been

effected by a blunt instrument; and the counsel for the defendant endeavoured, on cross-examination, to show, that as the intestines had suffered much from inflammation, and especially as the small intestines were adherent to the rectum, laceration of the latter part had probably taken place in the attempt to separate the adhesions. In forming an opinion, it would be highly important to know, not only the exact appearance of the opening, but likewise the state of the surrounding parts. The aperture, most likely, was the result of ulceration, an occurrence not at all uncommon in stricture of the rectum. The evidence, on the inquest alone, was decisive, in our opinion, that the bougie did not pass through the gut; for what said the deceased's relative. "He (the deceased) told me, that the operator gave him excruciating pain while he was passing the instrument, but that as soon as it was got through he felt more easy." Now, had the instrument passed through the gut and torn its way into a false passage, the pain would have increased at every additional step, and would have been excruciating indeed; but the deceased had expressly stated to his relative, that he was more easy as soon as Mr. VAN BUTCHELL had succeeded in passing the instrument. This point would have been conclusive with a medical coroner, and ought to have been so with Mr. LLOYD. The instrument used by Mr. VAN BUTCHELL was as blunt as the extremity of the finger; it was not more than five or six inches in length, and was slightly curved. Now, in the very curious evidence of Mr. LLOYD, there is no mention of the existence of a stricture. Did Mr. VAN BUTCHELL, then, cure the stricture? If so, we may fairly presume that the instrument passed through the strictured part, and not into a false passage. But was there no stricture at all, which, by some parties, seems to have been insinuated? In that case, such an instrument as the one used by Mr. VAN BUTCHELL

CHILL could not have been passed through the gut in the situation in which the opening was found; and we defy Mr. LLOYD to pass such an instrument in that situation, even through the rectum of a dead body. If the bougie passed through the gut, it must have gone *somewhere* beyond. But Mr. LLOYD found no sinus or opening leading from, or to, the opening in the gut.

Mr. LLOYD's treatment appears to have been as curious as his evidence; for although there was much tenderness of the abdomen, with great uneasiness and disposition to sickness, blood was not abstracted from the system generally until the third day, the patient having died on the seventh day. Mr. LLOYD assigns as a reason for not bleeding the patient, the low state of the pulse. Need we tell Mr. LLOYD, that blood-letting, in peritoneal inflammation, will raise the pulse?

Great, however, as are our objections to Mr. LLOYD's account of his treatment, and the evidence that he gave on the trial, they are still stronger against his having instituted the *post-mortem* examination without the presence of Mr. VAN BUTCHELL, or of some friend on his behalf. It was indelicate, unprofessional, and unjust. If Mr. LLOYD regarded it as beneath his dignity, to meet a gentleman who is not a member of the College, surely he might have given that person an opportunity of requesting a member of the College to attend for him. Does Mr. LLOYD object to Mr. VAN BUTCHELL, because the latter advertises? Has not Mr. LLOYD himself advertised? Does he forget his two or three columns of certificates without dates? Are there not several members of the College, who, for years, have been advertising quacks? If there must be puff, give us ever the puff "direct." Although Mr. VAN BUTCHELL is not a member of the College, there are few men in the profession who would prefer the assistance of Mr. LLOYD in diseases of the rectum. Mr. VAN BUTCHELL has had

many years' experience in these complaints, and we know that in numberless cases of great difficulty, he has been pre-eminently successful, and patients are occasionally sent to him by some of the first men in the profession. The last verdict is no victory, and the proceedings before the coroner, were at once stupid and infamous.

THE article, by Dr. Blundell, on the Surgery of the Abdomen, printed at page 353 of the present Number, is a portion of the papers read before the Medical-Chirurgical Society in the years 1819 and 1823, and which were alluded to by Dr. Blundell, in his communication to this Journal,\* on the Extirpation of the Uterus. The paper has recently been published, by permission of Dr. Blundell, by Mr. Ashwell, at the end of his excellent practical work on Parturition. The remainder of the article will be inserted next week.

A CORRESPONDENT, who styles himself "A Winchester Surgeon," reminds us of having, in our 187th Number, promised to insert a report of an operation of lithotomy, published by Mr. J. W. WICKHAM, jun. We thank our friend for his remembrance; for, in truth, we had forgotten both the little operator, and his curious performance. The following is a verbatim copy of Mr. WICKHAM's report as printed in the YELLOW FUNGUS, and, from certain peculiarities, it well merits an attentive perusal.

CASE OF LITHOTOMY, WITH UNUSUAL DIFFICULTY IN THE OPERATION, AT THE WINCHESTER HOSPITAL.

By Mr. W. J. WICKHAM, Jun.

GEORGE LOCK, æt. four years, was admitted with calculus in the bladder into the Winchester County Hospital, November 12, 1828. The symptoms of stone had commenced when he was about fourteen months old, his health was otherwise good, but he was somewhat emaciated from continued and very great suffering.

\* Vol. II. 1827-8.

Nov. 25.—*Operation.*—The process of sounding being duly accomplished, and the existence of a stone having been distinctly ascertained, the operation proceeded as follows: by one plunge of the knife the first incision was effected, and the urethra opened near the prostate gland; the beak of the gorget was at once lodged in the groove of the staff, and passed onwards into the bladder. The arrival of the gorget in the bladder was not announced by a gush of urine, as it had been voided entirely on the introduction of the staff. I now passed my finger at once into the urethra, and felt the stone at the fore and upper part of the bladder, towards the pubes. I then introduced the forceps, and felt the stone in the situation I had found it with my finger; but it was not bared, a substance evidently intervening between the forceps and the stone. I withdrew the forceps, and again passed my finger, but did not feel the stone exposed. At the moment I conceived that the forceps, and my finger, on its second introduction, had found their way between the bladder and the rectum. I next introduced the staff, and passed my finger along it into the bladder, by which I was immediately conducted to the stone, but I thought the opening had not been made sufficiently large by the gorget, therefore dilated it by a very slight effort with my finger. The stone being completely exposed, I passed in the forceps again, and took away the calculus without any difficulty. The time occupied by the operation was eight minutes. The boy bore it well.

No untoward symptom occurred afterwards until about the eighth day, when the water returned to its accustomed course, which was attended by severe pain, the boy screaming very loudly at each effort to make water. This continued till the fourteenth day, the wound having appeared foul, and the surrounding parts inflamed, for two or three days previously, when a substance came away from the wound having the following appearance.—

It is a cyst, apparently of the same structure as the bladder; its size is sufficient to contain the calculus, which weighed two drachms; the opening into it is just large enough to admit of its exit, and its whole internal surface is lined with calculeous matter, in fact, studded with large pieces of calculi.

Since the coming away of the cyst, the wound has continued to improve in appearance daily, and is now (December 27th) nearly healed. The water passes in its natural channel.

*Reflections.*—I have no hesitation in pronouncing the substance voided by the wound to be a cyst, in which the stone was contained previous to the operation. Its

appearance, its size, its being lined with calculeous matter, and the opening into it being ragged, and just large enough to admit of the stone passing out of it, are circumstances decisive of its nature.

By every examination the stone was found to be in the same situation; and by several surgeons in the country, previous to his admission, it had been pronounced that no stone existed.

The existence of the stone in the cyst, by which it was almost wholly covered, produced the embarrassment in the operation.

It is evident that the gorget opened the bladder sufficiently, or the stone could not have been taken out. It is also clear that the forceps and finger were really passed into the bladder, and not, as feared, behind it; but that they overreached the only part of the stone which was exposed to the cavity of the bladder.

The difficulty in this case was much increased by the youth of the child, and consequently the incomplete development of parts, by which one part could hardly be distinguished from another. The urine also escaped before the introduction of the gorget, which rendered its entrance into the bladder doubtful.

I am anxious to bring this case into notice, because I believe the occurrence to be uncommon, having never met with, or heard of a similar case. But I am desirous of bringing it forward at this particular time, because the public seem unwilling to believe that there are difficulties in the operation for the stone; because it is supposed that this operation (concerning which more has in every age been written, and, as to the mode of performing it, more differences of opinion have existed than in any other operation in surgery) has now all at once lost all its terrors, both to the patient and operator. In fact, it is considered that no patient need, under any circumstances, be lost from it, and that no operator should exceed a few minutes by his pupil's watch.

The unfortunate case of Mr. Bransby Cooper, which has, of late, appeared before the public, and has been stigmatised in such disgusting, unmerited, and libellous terms, demands that all should be done to recover it from the imputations cast upon it, not only for the vindication of the operator, whose character stands on the first authority of this country, but for the benefit of all men who are engaged in situations which oblige them to operate before numerous spectators.

The above case was one which fortunately was not protracted; but the same circumstances might have led to its further delay, and even its non-completion. And again, had not the cyst come away, the difficulties would have remained unexplained, and been

attributed to unskillfulness and want of dexterity, as imputed to Mr. B. Cooper.

This is a confused mass of impudence and nonsense, and requires but a few words in the way of comment. It would appear that the operator published his report for the purpose of vindicating the operation of Mr. B. Cooper, or, in the words of the author, "the unfortunate case of Mr. B. Cooper, which has, of late, appeared before the public, and has been stigmatised in such disgusting, unmerited, and libellous terms." How an operation, performed by Master WICKHAM of Winchester, can be a justification, or an apology, for an operation perpetrated in the blood-stained theatre of Guy's Hospital, is a riddle which we must leave this curious little BAT to solve; we lay claim to no such pretension. But the course of his analysis seems to run thus:—"Had not the cyst come away, the difficulty would have remained unexplained, and have been attributed to unskillfulness and want of dexterity as imputed to Mr. B. Cooper." Imputed to Mr. B. Cooper? Pray hold thy tongue, man. We have in you a champion right worthy of the cause. "Had not the cyst come away, the difficulties would have remained unexplained"—not if the boy had died, Master Wickham, as was the fate of poor STEPHEN POLLARD;—not if the boy had died, Master Wickham, and his body had been examined, and there had been found a clean cut into the prostate, a dirty cut into the bladder, another cut behind the meatus, and a tongue-shaped body forming a flap, which, at first, was mistaken for a third lobe of the prostate, a passage at the side of the bladder, and ecchymosis in the left iliac region! The difficulties in that case would not have remained unexplained, although there had been no cyst, Master WICKHAM. This very sagacious critic has entirely forgotten that it was sworn on the trial of Cooper v. Wakley, by the plaintiff's own witnesses, that they could not discover, from an examination of the preparation, any reason why the operation should have been protracted. There was no cyst—there was only a FLAP, Master Wickham—only a flap, which the operator himself has told us in his own report, published since the trial, was formed by his own gentle and scientific incisions. Had STEPHEN POLLARD lived, the

difficulties might have remained unexplained. But as the operator furnished the means for examining the parts, the difficulties have been referred to his head and hand, and not to the patient's perineum. We crave your pardon, Master Wickham, having almost forgotten the explanation of Sir ASTLEY COOPER. "The man had made water just before the operation—the bladder had contracted into folds, the stone was retained between these folds," and when the bladder became relaxed, NEVEY was enabled to lay hold of the stone and extract it. And as Sir ASTLEY swore that he had never even heard of the operation *en deux temps*, therefore NEVEY was justified in the eyes of NUNNY, in continuing his laudable, energetic, and soothing exertions, with knives, forceps, and gorgets, for the space of one hour. Had there been a cyst, he might, we suppose, in the opinion of Sir ASTLEY, with equal propriety, have continued his labours up to the present moment; for, said the worthy Baronet, "it is the surgeon's duty to persist as long as he can feel the stone."

The very trifling and almost indiscernible distinctions in the cases of Mr. B. COOPER and Mr. J. WICKHAM, according to the operators themselves, are merely these: in that of the former, the operation lasted nearly an hour, the patient died at the end of twenty-nine hours; and there were found, from the exploring spirit of the operator, and the searching nature of his instruments, many curious post-mortem appearances, but no cyst or other malformation could be discovered to account for the delay. In that of the latter,

\* By the way, Sir Astley stated, on the trial, that he had performed the operation of lithotomy on two celebrated lawyers, the Master of the Rolls, and the late Mr. Sergeant Lens; and, in a tone of exultation, and with a smile of wonderful self-complacency, he said, that although one operation lasted only two minutes, and the other half an hour, he really could not say which operation was performed best. That learned and excellent judge, the Master of the Rolls, has recently been compelled to submit to the operation a second time. But mark, gentle reader, Sir Astley Cooper was not the operator on the last occasion. Did the learned judge believe that it was not safe to commit his body to the hands of a surgeon who had sworn, on the 13th of December, 1828, that he had never even heard of the operation *en deux temps*?

it lasted eight minutes; on the fourteenth day a *cyst*, studded with calculous matter, about the size of the stone, was discharged from the wound, and the boy was restored to health. Such are the facts as communicated by the operators themselves, and these cases, in the eye of a BAT, form a complete PARALLEL! But, Master Wickham, having the similitude quite out of the question, we are not altogether satisfied with the affair of "the cyst," and still less so with the details of *your* performance. Apparently introduction of the gorget, you say (if you felt the stone "at the fore and upper part of the bladder, towards the pubes.") This was a curious situation to find it in, to be sure; but, nevertheless, you say you *felt* it there. The forceps were now passed, but on this occasion the stone "was not bared, a substance evidently intervening between the forceps and the stone." Whence came this substance? You *felt* the stone at first, but, on the second attempt, a substance intervened between the stone and the forceps. The instrument was now withdrawn, but you could not feel the stone *exposed*.—"At the moment," says he, "I conceived that the forceps and my finger, on its second introduction, found *their* way between the bladder and the rectum." And in this shrewd conception, we take it, that Master Wickham is not singular; "I next introduced the staff, and passed my finger along it into the bladder, by which I was immediately conducted to the stone." O, dear, you were conducted to the stone by the staff. Why, little man, as the stone was in a *bag*, carefully lodged in a *cyst*, and as you had before repeatedly *felt* it with your finger, bared and not bared, why did you require the *staff* to conduct you to it, eh? Why the *staff*, Master Wickham? However, having been conducted to the stone by the staff, you say, "but I *thought* the opening had not been made sufficiently large by the gorget, therefore I dilated it." Indeed!—Our little critic, apologist, and operator, had *felt* the stone with his finger on several occasions, and the external opening was sufficiently capacious; he then entertained no doubt on the subject; but having been conducted to the stone by the *staff*—then, and not till then, did he *think* that the opening had not been made sufficiently large by the gorget; therefore he dilated it, and the stone being

completely *exposed*, he "passed in the forceps again, and took away the calculus without any difficulty." You are not alone, 'pon honour, Master Wickham, in thinking that the forceps and finger had passed between the bladder and rectum. The staff is a blind guide, but in such cases as these it can lead the blind, and with much certainty. The stone was in a cyst at the "fore and upper part of the bladder." Thus situated, how could the dilatation of the wound with the finger, or with the gorget, *completely expose* it, Mr. Apologist? As the opening in the cyst at the fore and upper part of the bladder, was too small to admit of the escape of the stone, therefore our ingenious operator, after having been conducted to it by the staff, *dilated* the wound first made by the gorget, and thus for ever has he thrown into the shade the ingenuity of the Irishman, who constructed for his sow and little pig, a great and a little door.

It is unnecessary to say more. We cannot, however, close this hasty notice, without expressing our anxious desire to see Mr. WICKHAM's strange cyst, "*apparently* of the same structure as the bladder," and we trust that he will take an early opportunity of forwarding it to London, in order that it may be safely deposited in one of our museums, where, on many future occasions, it may serve as a *model* to other BATS, in framing excuses for their "cases of lithotomy, attended with unusual difficulty."

#### MR. BRADY'S CASE OF HYDROPHOBIA.

Considered by W. YOUATT, Esq., Lecturer on Animal Medicine.

I READ with painful interest, in the last Number of THE LANCET, Mr. Brady's very candid account of a case of hydrophobia which occurred in his practice. I am not authorized to impute, I do not impute, any blame to that gentleman; but it is too plain that the patient was lost through his own obstinacy, and the ignorance both of the patient and the medical attendant respecting the characteristic symptoms of rabies in the dog. During the life of the animal, and after careful examination of him when dead, neither the dog-dealer nor the surgeon suspected the true nature of the malady.

It is to be lamented, that the majority of surgeons should be so perfectly unaware

of the real diagnosis of this fatal disease in the animal from whence it principally originates; although this is not much to be wondered at, when it is considered that many veterinary surgeons know little more about the matter, and this arising from no fault in either, but from the inefficient and unjustifiable system pursued at the Veterinary College, where the instruction of the pupil is confined to the horse alone, although in after life every domesticated animal will occasionally be submitted to his care.

Few surgeons can possibly have the opportunity of studying the characteristics of rabies in the dog. They must depend on those whom they suppose to be better acquainted with the habits and diseases of this animal, and therefore it was that Mr. Brady sacrificed his own excellent judgment to the prejudices and blunders of an illiterate dog-merchant.

Were it, however, once known, that at our national veterinary school, the nature, symptoms and treatment of the diseases of every domestic quadruped were sufficiently taught, the surgeon would, in these distressing cases, eagerly claim, and most highly appreciate, the assistance of the veterinarian. I call, therefore, on those who feel their ignorance on this intensely interesting point, involving their reputation and the lives of their patients, and particularly I call on those who, possessing the feelings of men, deeply lament the consequences of their unavoidable errors, to co-operate with the united body of veterinary surgeons, and to render the veterinary school that which its founders intended that it should be, which in every other country it is, and which the agricultural interests of the kingdom, and the preservation of human life, demand.

Mr. Brady tells us, that the dog "was labouring under pain and uneasiness from frequent efforts to void feces; this it shortly did, and immediately devoured them." I will not say that Mr. Brady should have known, but I will venture to state, that constipation, and that to a very considerable degree, and constipation which no medicine will remove, is a frequent and early symptom of rabies; and when, after a while, the bowels are spontaneously evacuated, the feces have not that firm consistence which the previous costiveness would indicate. They are black, seldom more than distinctly formed, and occasionally liquid; and their expulsion accompanied by distressing tenesmus. Tenesmus almost invariably accompanies rabies in the ox and the sheep.

When the constipation is removed, that, frequently, but not uniformly, occurs, which I would call a characteristic symptom of rabies—the dog devours the fecal matter;

he does this when rabid; he does it under no other disease.

An extraordinary deprivation of appetite is a very usual accompaniment of this malady: bits of thread, hair, straw, earth, filth of every kind, and particularly horse-dung are eagerly picked up; in most cases the dog laps his own urine, and frequently eats his own excrement. Mr. Brady tells us, that this dog "immediately devoured his own feces;" and, after the death of the animal, he had further proof of this deprivation of appetite: in the stomach "a few ends of straw were present," and "the duodenum was impacted with black faeces of a purely stercoraceous nature." This could not by possibility have consisted of natural food which had been received into the stomach, and had undergone the digestive process. It rarely, indeed, happens, that by any inverted action, "stercoraceous" matter ever passes through the duodenum, and the confirmation of that intestine would forbid it, being impacted there. This matter consisted of the feces which the dog had swallowed, mixed with straw, dirt, dung, and other indigesta, and so become capable of being thus impacted when passing from the stomach into the smaller and gradually lessening caliber of the duodenum. This *impaction of fecal matter in the duodenum*, Mr. Brady regards as a proof that "the death of the animal was occasioned by constipation;" a strange portion of the intestine to be the seat of constipation, and more strange that "the death should be occasioned by constipation," when Mr. Brady saw the evacuation of the feces. In point of fact, had Mr. Brady been acquainted with the diagnosis of rabies, he would have seen in this "impaction of stercoraceous matter in the duodenum," no proof of fatal costiveness, but an unequivocal proof that the dog was rabid.

Mr. Brady states, that "the eyes were slightly turgid when he first saw the dog, but that on the next day this was gone." He is here unconsciously describing the progress of rabies. Early in the disease, the conjunctiva is, to a greater or less degree, injected, and the eyes have a peculiarly bright and dazzling appearance, accompanied by a very slight strabismus; but, in a day or two, this injection and brightness pass away, the eye assumes, not its natural expression, but its natural colour, then becomes dull, opaque, green, and even ulcerated.

That "when the master spoke to the dog, the animal fawned upon him, and appeared in no way vicious." It does not necessarily follow that the rabid should be "vicious." His desire to do mischief, depends on his previous disposition. It often proceeds not beyond an occasional snap, and

then only when purposely irritated. Even under the peculiar delirium of rabies, the voice of the master is always recognised, and the animal, to the very last, follows on those whom he had been accustomed to love and obey.

There are two circumstances, however, in Mr. Brady's narrative, which are new to me. He states that the animal "walked firmly." I have never seen a rabid dog after the second day, in which there was not some loss of power over the voluntary muscles, and principally marked by a staggering walk, sometimes very slight, but still perceptible.

Again: Mr. Brady states that "the stomach presented its natural appearances, there was neither turgidity nor inflammation." This is perfectly new to me. I have invariably found turgidity of the vessels of the external coat, with vascularity and redness of the mucous coat; in some cases, confined to the rugæ, and not much exceeding the blush upon the healthy stomach during digestion. This, I apprehend, might have been the case here. Much more frequently, however, the vascularity descends between the rugæ, and occupies a considerable portion of the mucous coat; confined occasionally to the cardiac portion, or more intense there; spots of ecchymosis are frequently found, varying from the magnitude of a pin's head, to that of a large pea.

I am not, however, aiming at present at a full and correct description of either the symptoms or post-mortem appearances which characterise rabies. My object is to show, that there were even in this deceptive case, circumstances sufficiently decisive as to the nature of the disease. The dog was unquestionably rabid; but the surgeon was misled, and very excusably so, by his dependence on the judgment of a man, who, although illiterate, had passed his life among dogs, and therefore, as Mr. Brady properly says, "had many opportunities of knowing their various states and conditions of health."

I am a little disposed to criticise one sentence in Mr. Brady's valuable communication. A "doubt exists," he says, "whether the dog laboured under hydrophobia or not." I should object to the term "hydrophobia," as applied even to the human subject. It is but a symptom of disease—not present in every stage of it, and, in a few instances, scarcely to be recognised. Hydrophobia never exists in the dog. At no stage of the disease is there the slightest dread of water, or the slightest spasm attending the effort to swallow, but, on the contrary, a most tormenting and unquenchable thirst.

3, Nassau Street, Middlesex Hospital,  
June 16, 1849.

#### NITROUS OXIDE GAS, AS A REMEDY IN CHRONIC DISEASES OF THE CHEST, &c.

By JOSEPH CURTIS, Esq., M.R.C.S., Cambridge.

THESE are, I believe, few medical men of the present day who are disposed to go the length of the humeral pathologists; yet, I think, most will admit, that the state of the blood must have a great effect upon many diseases; consequently, that any remedies capable of being applied directly to the blood, will be valuable acquisitions to the list of materia medica. This, upon trial, will, I think, be found to be the case with some of the gases which are not of too irritating a quality to be introduced into the lungs, and which are capable of effecting changes in the blood. I have made trial of one of these agents, with benefit to my patients, and I beg to make public the following account of its effects. Although I do not expect that so small a number of cases will be considered sufficient to prove the efficacy of the remedy, they will, at least, I hope, be sufficient to show that it is worthy of further attention.

In introducing to the profession the nitrous oxide gas as a remedy, I am aware that I am not the first who has made use of it, though I believe no detailed account of its effects in the cure of diseases has been published by any medical man.

CASE 1.—Mrs. ——— ætat. 26, has been many years subject to spasmodic asthma, which attacks her periodically, sometimes once a week, sometimes oftener, at others not so frequently. These attacks usually begin with a wheezing, difficulty of breathing, and pain in the side, which increase until a great sense of suffocation comes on, accompanied with spasms of the respiratory muscles, violent pain round the waist, and sometimes all over the thorax; the face is usually purple, the feet and hands are cold, the head and trunk, particularly the face and chest, hot and in a copious perspiration, and the pulse is somewhat quickened. In from six to twelve hours a secretion of mucus takes place in the bronchi, and the patient is relieved. As, however, this secretion increases, it appears to block up the air passages, and the sense of suffocation and wheezing return, sometimes to a worse extent than at first. In two or three instances the pulse entirely ceased for a short time, and the patient showed but little signs of life. These attacks commonly last about twenty-four hours, during which time the patient eats nothing, and they leave her so weak that she is sometimes unable to leave her bed for a day or two afterwards; catamenia never affected. The remedies which usually afford most relief are, ipecacuanha

and opium. During very hot or changeable weather, the patient is much more liable to these attacks; she is particularly so in the spring, and is generally worse when residing in an open, airy situation than in a crowded town, especially during the prevalence of easterly winds. During the last spring, the wind has generally been easterly, with cold, settled weather; an attack has usually come on when a change, accompanied with rain, has occurred, which has been about once in a fortnight. Indigestible food has often brought on an attack, which has sometimes been immediately relieved by the administration of an emetic. This patient has been married about two years and a half, since which period she has generally been much worse than before, except when pregnant. She has been twice pregnant within twelve months; the first time she was much better, but miscarried at about five months, owing to an accident. During the last pregnancy, which took place soon after her confinement, the asthma again appeared to be relieved, but she was in very ill health the whole time, and so weak as to be unable to walk up stairs, or out of doors, without assistance.

On Sunday, the 19th of last April, she was confined a second time, with a still-born child, about seven months old. For some time after her confinement she was not strong enough to walk either up or down stairs.

Tuesday, 21st. She had a severe attack of her old complaint, which lasted twenty-four hours.

Friday, May 1st. Another attack, not so severe as the last, but which lasted five days.

Thursday, 7th. Walked down stairs for the first time, but was obliged to be carried up.

Saturday, 9th. Another attack came on in the evening, which lasted Sunday and Monday.

As I conceived that the distressing sense of suffocation, which came on towards the end of an attack, was caused by the blood being prevented, by the mucus in the bronchi, from undergoing its proper change in the lungs, I thought, that by substituting oxygen gas for atmospheric air, the symptoms might, in some measure, be relieved. Not, however, expecting any permanent benefit, I kept no particular account of its effects.

On Sunday, the 10th, she breathed some oxygen gas from a bladder, and this was repeated on Monday and Sunday. It appeared to me to relieve the wheezing, though she could perceive no difference herself. The slight effect produced, may, perhaps, be accounted for, by her not well understanding how to take it, in consequence

of which she lost more than half the dose. Finding it rather troublesome to make oxygen gas, for want of a proper apparatus, I resolved on trying the effect of nitrous oxide gas, which she, accordingly, began to breathe on Wednesday, and continued twice a day afterwards. From three to four quarts was the usual dose; it sometimes produced slight vertigo, and a feeling of languor. These, however, went off in a few minutes, and, in about a quarter of an hour, the pulse was usually lowered from eight to twelve beats in a minute; in one instance, from one-hundred-and-eighty to one-hundred-and-eight; in another, from one-hundred-and-four to ninety-six: the heat of the body was at the same time raised; a thermometer placed between the shoulders, rose in one instance from ninety-two to ninety-six; in another, from ninety-four to ninety-eight, but never rose beyond ninety-eight; the hands and feet, which were generally cold, glowed; and the face, which was usually of a purple or leaden hue, assumed the natural appearance.

Tuesday, May 19. Finding that the gas had produced a much more beneficial effect than I had anticipated, both in relieving the asthma and improving the general health, I began to keep a daily account of the symptoms of my patient, and the effects of the gas. This day she dined at three o'clock, and, in about half an hour afterwards, felt a tightness in the chest, and some difficulty of breathing; face purple, with the usual appearances of an approaching attack of her old complaint. She breathed about three quarts of gas, and felt much relieved. The dose was repeated in the evening.

Wednesday, 20th. Had two or three severe fits of coughing in the night, otherwise slept well. She was tolerably well all day, and took the gas as before.

Thursday, 21st. Passed the night much as the last. Bowels somewhat out of order. Feels languid this morning; skin of a purple hue; hands and feet cold; pulse ninety-six, soft, and regular. Unprovided with gas this morning. A quarter after two, P.M., pulse ninety-eight, breathing free; heat between the shoulders ninety-six; in other respects much the same. Breathed the gas. In two minutes became giddy, and left off; in five minutes afterwards continued the gas with the same effect. In about half an hour the pulse fell to ninety-four, and the heat rose to ninety-seven. The gas was repeated in small quantities two or three times this afternoon, but I had not an opportunity of noting its effects. She coughed and expectorated a good deal during the afternoon. In the evening she appeared much better, breathing freely, and in good spirits. Take compound calomel pill, five grains, at night.

Friday, seven o'clock, A.M. Pulse ninety-

six; lips florid; headach; slept well; had a great sense of languor during the night; had two coughing fits; bowels costive. Kluberb and Jalap, each two grains, calomel one grain. As I thought that the florid lips and headach might have been produced by the gas, I thought it better to omit it this morning. About the middle of the day the bowels were freely relieved, and she felt much better. Walked to-day about three-quarters of a mile to see a friend, at whose house she remained all day, and walked home in the evening, having likewise walked in the garden several times during the day. This, it will be observed, was much more exercise than she had been able to take for many months previously. She had two fits of coughing during the day, and took the gas in the evening.

Saturday, 23d. Passed a good night; had no coughing till six o'clock this morning. Got up to breakfast. After breakfast took the gas. The pulse appears now to be permanently lowered to about one hundred, and the heat of the body raised to ninety-seven; the gas does not now affect either. The colour of the skin is likewise much brighter, consequently the effects of the gas are not so visible. She can now draw a deep inspiration without difficulty, which she has not been able to do for two years previously. Coughed once this afternoon, and took the gas in the evening.

Sunday, 24th. Ate asparagus for supper last night, which is a meal she is not accustomed to take. It produced flatulence, and pain in the head in the night. She likewise took a violent cold yesterday evening, by taking off part of her dress, and standing in a draught. Catamenia appeared in the night, being her regular time, but soon went off. She had no cough during the night. Towards morning, pain in the chest came on, with light breathing and wheezing. About five o'clock took the gas with no effect. Ipecacuanha wine,  $\mathfrak{ss}$ , which produced vomiting, and relieved her chest. The difficulty of breathing still continuing, about seven o'clock repeated the gas. After a short time the breathing was relieved, and she could take a deeper inspiration. She continued afterwards much better, but did not rise till twelve o'clock, and felt weak through the day. Took small quantities of gas two or three times. Since she has taken the gas, she has not eaten so much as she used, yet her strength has increased, and she is somewhat stouter.

Monday, 25th. Passed a good night. At five o'clock in the morning, a wheezing and difficulty of breathing came on, took the gas with relief. Rose about ten, and had a fit of coughing, with a copious expectoration. Appears to have taken fresh cold; has sneezed often, and had a copious dis-

charge from the nose, with toothach, &c. The tightness at the chest and wheezing came on several times during the day, but was always relieved by taking the gas.

Tuesday, 26th. Awoke about half past one this morning, with pain and tightness in her chest, but not the usual wheezing. Tincture of opium, 15 minims; ipecacuanha wine, half a drachm, to be taken immediately. About an hour afterwards, felt sick, and retched, but brought up only a little mucus; felt much relieved. About seven o'clock, the wheezing and difficult respiration came on; face suffused, but of a much brighter colour than it used to be. Took ipecacuanha wine, half a drachm, with no effect. About a quarter of an hour afterwards, breathed the gas, which very shortly relieved her breath, and she expectorated a little thick yellow mucus. She afterwards took some tea, which was soon brought up again. About ten o'clock, a copious expectoration came on, after which she continued better all day. During the afternoon, the catamenia returned, but went off shortly. At ten o'clock she went to bed with headach and wheezing, but both were relieved by the gas.

Wednesday, 27th. About two o'clock A.M., the wheezing and difficult respiration came on, and being unprovided with gas, I again had recourse to ipecacuanha and opium, with some relief, but she did not sleep much afterwards. About eleven o'clock the wheezing returned, with pain in the head and chest, and the gas was again had recourse to. It soon relieved the wheezing, but increased the pain in the head; the pain in the chest went off soon afterwards. She continued much better until about five o'clock, when the wheezing became very bad, with a distressing sense of suffocation, face suffused; took the gas with immediate relief; in about a quarter of an hour the symptoms went off.

Thursday, 28th. Passed a bad night, in consequence of a distressing cough, with expectoration so copious, as to run out of her mouth on the pillow as she lay. Took the gas twice with but little effect. Seven o'clock A.M., pain in the chest; breathing tight, took gas with relief; breath slightly affected all day. Did not rise until six P.M., after which she continued tolerably well. Complaints of an itching all over the skin. Catamenia returned this afternoon.

Friday, 29th. Not so much cough or expectoration as the night before; slept tolerably well; took the gas with relief; much better this morning; breakfasted as usual, and rose about ten o'clock.

Saturday, 30th. Had a tolerable night; going on well; took gas; walked out this morning. Evening appears to have taken fresh cold; feels languid; shooting pains

and a creeping sensation all over her body. Took gas with some relief; put her feet into warm water, when she went to bed and repeated the powder; was much better after she went to bed.

Sunday, 31st. Passed a tolerable night, and feels much better.

Monday, June 1st. Complained of having had violent pain under the shoulder blade, particularly on moving the arm, during the fore part of the night; afterwards slept well. In the morning, still some pain and weakness in the arm; in the middle of the day was much better; in the evening wheezing came on, and pain across the right breast. Took the gas, which appeared to increase the pain; in other respects much the same. Went to bed about half past nine, with wheezing, sense of suffocation, pain in the side, and under the shoulder blade. As the wheezing and difficulty of breathing increased, the pains under the shoulder blade and across the breast were relieved; these in all probability were rheumatic. She repeated the gas, which relieved the wheezing for a short time, but otherwise produced no effect. In about half an hour she appeared worse; bled to five ounces, a quantity she had frequently lost before, with great benefit, but on this occasion no relief. About an hour afterwards took ipecacuanha wine, two drachms, and brought up some thick ropy mucus, which was so sour as to make her complain of its having set her teeth on edge. She afterwards passed a good night.

Tuesday and Wednesday. Going on well and gaining strength.

Thursday. Passed a good night; complains this morning of itching of the vulva: apply ung. cetacei. In the evening, the wheezing and difficult breathing returned; took the gas without relief; took ipecacuanha wine, two drachms; brought up some pulp of orange which she had eaten after dinner, and was relieved.

Friday, 5th. Going on well, walks better to-day than she has done before.

Saturday, 6th. Going on well; itching increased. As I attributed the pain in the shoulder and itching of the vulva in some measure to the gas, I now only gave the gas once a day, except when her breath was affected.

Sunday, 7th. Disturbed in the night with itching, otherwise would have passed a good night. The parts are very much swollen and dry. Sulphate of zinc, one scruple, in four ounces of water; apply often. This was at first applied warm, in order to cool the parts gradually. About nine o'clock P.M. it was applied cold, the wheezing returned; took the gas without effect. About half past three the lotion was changed for the ung. cetacei, and she

took ipecacuanha wine, two drachms; this brought on retching, but no vomiting, and relieved her.

Monday, 8th. Appeared better, but remained weak all day; itching relieved.

Tuesday, 9th. Took the gas last night, and soon afterwards the itching increased; slept well. Slight itching this morning, otherwise well.

Wednesday, 10th. Awoke between two and three o'clock this morning, with violent sneezing and great discharge from the nose; throat dry; her breath sounded as though the trachea was filled with paper; upon applying the ear to the chest, it appeared as though the air was passing through a number of small brass tubes. She had no pain, but a great sense of suffocation. In about an hour, slight expectoration came on, and the sound began to change to the usual wheezing. She took the gas until it produced languor, and reduced the pulse from 98 to 95. It appeared to relieve the wheezing, but she soon began to get worse. At half past five she again had recourse to the ipecacuanha, which brought up a little mucus, and relieved her. The wheezing and difficult breathing continued all day, in consequence of which she remained in bed, and did not eat until the afternoon.

Thursday. Much better than she has been these two years; walked about three miles in the course of the day.

As the gas appears now to have produced all the good effects upon the constitution, of which, at present it seems capable, having increased the strength generally, and the powers of digestion, and lessened the tendency to asthma, and having produced a tendency to inflammation, as shown by the rheumatism and the state of the vulva, I shall now discontinue its regular use, and only have recourse to it when she appears likely to have an attack of her old disease. Upon this plan, I hope she will go on increasing in strength, and ultimately lose her complaint.

CASE 2.—Mrs. C—, a middle-aged woman, who is married, and has had four children, expects to be confined in about a fortnight. When she lived in town, was always subject to wheezing and great difficulty of breathing, when she caught a cold. Has been bled, &c. for it several times; has lived at Camden Town about three years, since which period she has never had this complaint. I was first sent for on Wednesday morning, May 20th. She had taken cold the Saturday previous, since which time she had been getting worse. I found her sitting in a chair, but unable to walk across the room without support; had great difficulty of breathing; could not draw a deep inspiration, the attempt gave pain; distressing cough, with copious expectora-

tion; face purple; has very little pain generally; very sick, brings up every thing she takes; pulse 98. Awakes in the night with bad cough, and thinks she should be suffocated if she were not raised. I began by giving her Ipecacuanha, with aperient medicine.

Evening. Sickness very distressing, can keep nothing down; breathing rather better; face not quite so purple; bowels open three times. Repeat the medicine.

Thursday morning. Had rather a better night; symptoms much the same as last evening. As I did not think it advisable to keep up the distressing sickness, I next had recourse to the hydrocyanic acid.

Evening. Sickness relieved, in other respects the same; pulse 112; took the gas till it produced giddiness and languor. In about a quarter of an hour afterwards she had no wheezing, and spoke in her natural voice; can draw a deep inspiration without difficulty; pulse 104; face assumed a brighter colour; bowels not open to-day.

Friday, 28th, morning. Passed a much better night; her feet, which were generally so cold that she was obliged to have them rubbed before she could go to sleep, glowed as soon as she got into bed, and her cough was not so violent; face of a brighter colour; speaks in her natural voice; can draw a deep inspiration without pain; no wheezing except when she coughs; cough much better; expectorates easily; bowels not open. Sumat haustus cald., and breathe gas, which had the usual effects.

In this way she went on taking the gas morning and evening, with nearly the same effect as in the former case, until the Thursday following, when she was discharged cured.

As far as I can judge from so small a number of trials, I think the nitrous oxide gas will be found a most valuable remedy in chronic diseases of the bronchi, as asthma, &c., and in cases of congestion of the lungs. In all diseases in which the blood does not undergo its proper change in the lungs, in consequence of a deficiency of oxygen, it will at least have a tendency to remedy the bad effect arising from that cause. In all cases of acute inflammation, I think it will be likely to do mischief; but as it appears to increase the circulation principally in the extremities, little danger is to be apprehended from any inflammation it may produce.

I intended to have said more upon the effects of the gas, but as I find this paper is already much too long, I must reserve my remarks for a future opportunity.

June 11th, 1829.

## ST. BARTHOLOMEW'S HOSPITAL.

### COMPOUND FRACTURE OF THE TIBIA.

JAMES M'NALLY, aetat. 26, was admitted into No. 3, Rehears' Ward, March 27, under the care of Mr. Lawrence, with compound fracture of the tibia of the left leg. The patient is a bricklayer's labourer, of dark complexion, ordinary stature, and general healthy appearance. The injury was occasioned by a fall from a scaffold; the fracture is oblique, and about three inches above the ankle joint. The external wound has been enlarged, to facilitate getting the ends of the bones into apposition, the upper portions having protruded through the external covering to the extent of three-quarters of an inch; the wound not larger than the disc of a half-crown piece.

30. The fractured edges of the bone are not in contact; the upper portion protrudes to the extent of an inch. Complaints of the fracture box creating much irritation. The limb is more swollen, and there is a slight inflammatory process around the injury. Apply twelve leeches, and let the bowels be freely opened.

April 1. The inflammation of the cellular membrane extends from the wound to nearly the head of the tibia; the limb much swollen. Apply two dozen of leeches in the neighbourhood of the wound. Let the fracture box be removed, clean the leg properly, and then replace it in the box. After the application of the leeches, apply a large linseed poultice. The bowels have been freely opened.

6. The external opening is considerably enlarged, and discharges a thick healthy pus. The inflammation and swelling have greatly subsided.

24. Mr. Lawrence has removed, with a pair of forceps, a piece of the upper part of the fractured bone, of about the size of a shilling. The wound looks healthy, and the limb is doing well.

May 27. The bone has united, and the external wound is completely closed. Has been able to get out of bed occasionally for a short time; but this morning, at eight o'clock, after having taken breakfast, he was seized with shivering, and soon afterwards a severe pain in the leg, just at the point in which it was broken, followed by a small attack of erysipelas. Pulse 136, and the whole temperature of the body increased. Ordered a calomel and jalap, to be succeeded by a dose of the house medicine. Let cold cloths be applied to the leg, and if the inflammation does not subside resort to leeches. The patient to be kept in bed.

June 13. The attack yielded to the above

treatment; the health of the patient, and the improving condition of the limb, was restored. He is now able to walk about on crutches.

#### THROAT CUT IN DELIRIUM.

W. Newton, *et al.* 34, was admitted, 31st May, into Rahere's Ward, under the care of Mr. Lawrence, with an incision extending across the front of the throat immediately over the cricoid cartilage, of between three and four inches in length. The wound was inflicted by the patient himself, but no account of the manner in which it was done can be given, or whether in a state of intoxication or delirium at the time. He was found bleeding by two men who carried him to a surgeon's, where the lips of the wound were brought pretty nearly into contact by adhesive plaster; he was afterwards brought to the Hospital. Two superficial vessels were tied by the dresser, the wound nearly closed, and the strait waistcoat put on.

June 3. Has been very restless, delirious at night, and has not yet been able to give any account of himself. Pulse full and strong; take sixteen ounces of blood from the arm, shave the head, and apply cold cloths to it.

13. The wound has nearly healed; there is only a very slight discharge from it now. The man is perfectly sensible. States that he is a milkman, unmarried, and can give no account whatever of the manner in which the wound was inflicted. Believes he must have done it himself, and, in all probability, with a penknife. Remembers having had a severe fever, and that since then has been subject to aberrations of mind. He is doing well, and will soon be able to leave the Hospital.

#### ST. THOMAS'S HOSPITAL.

##### LITHOTOMY.

Mr. GREEN having proceeded to the male operating theatre, William Curtis, a healthy-looking young man, twenty-four years of age, a native of Portsmouth, was placed on the table; he had been taken into Isaac's Ward on the 14th of May, for the purpose of undergoing the operation of lithotomy; said he had been labouring under symptoms of stone in the bladder for several years previously, but had never undergone any operation for its removal. Having been bound in the usual manner, a grooved staff was introduced into the urethra, but it met with some obstruction in its passage, and did not appear to enter the bladder to such an extent as it

usually does; on making the incision through the integuments to the staff, a gush of arterial blood flowed from the wound, showing that some considerable artery had been divided, and which was secured before the operation was proceeded with; very little urine followed the introduction of the gorget; after which the forceps were carried into the bladder on the gorget, and seemed to pass beyond the stone on which they grated, but which could not be found in the bladder. The operator therefore introduced his finger, and having discovered its situation, again having recourse to the forceps, and extracted it without much further difficulty. The calculus was of a flattened circular form, about an inch and a half in diameter, and half an inch thick, having two processes similar to a pair of horns, each nearly half an inch in length, projecting from its surface. An examination with the sound was then made; and it being ascertained that there was no other stone, the patient was removed to his bed. After which Mr. Green turned and addressed the pupils, explaining to them the peculiarity of the case, viz. that the stone had not been contained in the bladder, but lodged in a cyst at the anterior part of the prostate gland, communicating with the membranous portion of the urethra; this, he said, accounted for the difficulty experienced in the introduction of the staff, and by pushing the artery (most probably the transverse perineal) out of its place, might have been the occasion of its division.

The patient had a severe rigour shortly after the operation, which was relieved by the administration of forty minims of tincture of opium.

23. Has passed a tolerably comfortable night free from pain. Pulse 62, soft, not full; tongue whitish; urine passes freely through the wound.

24. Has had a pretty good night; urine comes off through the wound, and some by the natural passage; pulse natural; tongue whitish; bowels open from castor oil.

25. Complains of chilliness; pain at the wound; pulse 84, soft; feet rather cold; bowels open; tongue white.

26. Slight pain at the wound only; otherwise comfortable; urine dribbles from the wound; makes some by the natural passage.

June 5. Has been going on well; tongue clean; pulse natural, bowels regular; very little urine passes through the wound.

Mr. Green next removed a considerable portion of the lower lip affected with carcinoma of a healthy looking middle aged man, who is also doing well.

##### CUT THROAT.

Rachel Pearcy, a woman apparently

about forty-five, was taken into Queen's Ward on the evening of Saturday, May 30, with a deeply incised wound of the throat, which she had inflicted on herself. (considerable hæmorrhage had taken place; pulse exceedingly small and weak, and surface of the body cold, the instrument had passed into the trachea, between the cricoid cartilage and thyroid, and probably a small branch from one of the thyroidal arteries was divided, as a small quantity of arterial blood was spit up, but there was no vessel secured; the wound in the trachea was brought together by ~~the use~~ of a suture, taking care not to pass the needle through the lining membrane, the lips of the external wound kept in apposition by sutures, and the patient placed in bed, with the head raised by pillows, so as to bring the chin forwards towards the chest. She has not had any unfavourable symptom since.

On Sunday, May 31, a patient of Mr. Tyrrell's, in Edward's Ward, endeavoured to put a period to his existence by hanging himself, but was fortunately discovered and cut down before he had effected his purpose.

### HOPITAL DE LA CHARITE.

#### AFFECTION OF THE CIRCULATION.

C. L., ætat. 30, was, on the 6th of May, 1829, admitted on account of a very curious periodical affection of the circulation, once or twice a month he was suddenly seized with violent pain in the thorax, especially on the left side, the pulse, which, at other times, was rather slow, became very frequent, and, in the region of the right common carotid, a very violent throbbing was seen, by which the integuments were raised to a considerable extent, the frequency of the pulsations was so great as to be hardly ascertainable, but must have been at least 240 in a minute, they were regular in force and rhythm, and the paroxysm subsided after a few hours, and tranquillity was gradually restored. The first impression of M. Lermier, under whose care the patient came, was, that the rapid pulsations in the anterior region of the neck, proceeded from the carotid, and that the disease was merely a nervous affection of that vessel, similar to palpitation of the heart, arising from its sympathy with other organs, on a closer examination, however, it was found that the carotids on both sides corresponded with the pulse at the wrist, as did also the temporal, axillary, and crural arteries, the only manner, therefore, in which the periodical throbbing at the neck could be accounted for, was its being situated in the jugular veins, an explanation which also, in some

respect, corresponded with the examination of the heart by the stethoscope; its pulsations, which were not heard in a greater circumference than usual, were very tumultuous, and the sound of the auricles considerably louder than is generally the case. The patient stated that fifteen years ago he had had the first attack of the above kind, that it had subsequently returned with more or less frequency, and that about four years previous to his admission at the hospital, the fits had considerably increased in length, so as sometimes to be of twenty-four hours' duration, within the last two years they had diminished in violence and frequency, but had, latterly, again become very troublesome, though of less frequency than before. The attacks observed no regular period, and generally came on spontaneously, from the 6th of May to the 2d of June he had two fits, one of ten, the other of fourteen hours, his general health was not affected, and the most careful examination of the heart and lungs by the stethoscope, except during the paroxysms, detected nothing of a morbid nature.—*Lancette Française.*

### HOPITAL DES VENERIENS.

#### TUMOUR IN THE CAVITY OF THE SKULL, BETWEEN THE OPTIC NERVES.

L. A., ætat. 29, was, on the 29th of March, 1829, admitted with the following symptoms the left nostril was considerably enlarged, impervious, and its upper portion filled with a dark-coloured humour, the eyeball of the same side was considerably protruded, and somewhat pushed upwards and laterally, but appeared, in other respects, healthy, except that there was a slight inflammation of the conjunctiva, arising, no doubt, from the globe being not covered with the eyelids; the sight was not impaired. Above the left orbit there was a hard tumour one inch in diameter, and of a globular form, apparently fixed in the bone, and free from pain, the cutaneous coverings were moveable over it, and not diseased, the patient had a slight headach, and some pain in the left nostril, her general health seemed unimpaired. It appeared, on inquiry, that she had never had any primary symptoms, although she had been much exposed to the danger of infection, she had, during the last six months, been subject to continual slight headach, and the tumour had been slowly forming three months before that period, she had not used any remedies, except the decoction of saucapilla and emollient fumigations. M. Gilbert, under whose care she was admitted, was, for some time, doubtful as to the nature

of the disease; but after having watched the case for a few days, decided on treating it as syphilitic, and accordingly prescribed the decoct. sarsæ., with the oxy muriate of mercury. Under the use of these remedies, the tumour on the forehead rapidly increased in size, and the skin over it became hot, inflamed, and painful; a very fetid matter began to be discharged from the left nostril. The anti-syphilitic treatment was accordingly discontinued, and nothing but an emollient poultice applied to the diseased parts. On the 10th of April, the tumour on the forehead was of the size of a hen's egg, but had become softer, and a slight fluctuation could be felt in it; the pain had considerably increased; the left eye was forcibly protruded from the orbit; the right began also to be more prominent than usual; vision was impaired in neither. On the 1st of May, cerebral symptoms were observed for the first time; the patient was occasionally delirious, insensible, &c., and began to vomit her food. The swelling of the nose rapidly increased, and a dark-coloured, fleshy mass was protruded from the left nostril; the tumour on the forehead having attained the size of two fists, extended from the left supra-orbital region, to the internal angle of the right eye; the skin, by which it was covered, was ecchymosed to a large extent; and above the left orbit an ulceration had formed, from which a small quantity of sanious matter was discharged; vision had become indistinct in both eyes. On the 15th, the tumour on the forehead, and swelling of the nose, having further increased, so as to form almost one mass; a large quantity of bloody pus issued from the left nostril; the ulcer over the left orbit discharged much dark-coloured blood, and the tumour was also ulcerated in two places over the right orbit. In this frightful condition the patient lingered till the 25th of May, when she died, after having been for some days in a state of complete insensibility.

On examination of the body, the tumour on the forehead was found to form a prominence of about four inches, and extended from the upper part of the frontal bone to the middle portion of the nose, and from the anterior angle of the left eye to the middle of the right orbit; the root of the nose and the inner part of each orbit were forcibly protruded. On examining the brain, the lower parts of the anterior lobes were found softened to a very great extent; the left contained a considerable quantity of semi-putrid pus; on raising the brain, a very hard tumour of globular form was found between the optic nerves and the smaller ale of the sphenoid bone, in the place of the lamina cribrosa of the ethmoid bone, which was completely destroyed; this tumour extended into the

substance of the brain, and formed, as it were, the centre of the cerebral softening. The tumour on the forehead was firmly adherent to the skin, and was found to be connected with that within the skull, from which it had protruded through the left frontal sinus, by means of a small opening in the frontal bone; the left frontal sinus itself was filled with a fleshy mass; on the left side, the orbital portion of the frontal bone was destroyed to a considerable extent; and through the aperture, the tumour protruded into the orbit. The os unguis was destroyed; beneath it; in the right orbit, the tumour in the skull was also found to protrude, but to a smaller extent than on the left. The left cavity of the nose was completely filled by the mass of the tumour, a part of which extended even into the antrum of that side; the septum nasi was forcibly pushed towards the right side, but not diseased. It appears, accordingly, that the swelling of the nose and the tumours on the forehead and in the orbits were all connected, and, as it were, arising from the morbid growth in the skull, with which they also corresponded in their substance, which was evidently that of softened tubercles, with cavities filled with bloody purulent matter; that portion of the tumour which was in the nose, somewhat partook of the character of a polypous growth; and in those parts where the skin had ulcerated, it resembled fungus hæmatodes.—*La Clinique.*

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 ROYAL SOCIETY.—F.R.S.'S.
 

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## To the Editor of THE LANCET.

SIR,—Amongst the "on dits" of the present day, not one of the least remarkable is the snug nest which members of the medical profession are determined to make of the Royal Society; in other words, the conversion of an institution founded on the most liberal principles, into an engine for party purposes and self-interest. *Par exemple*; it has transpired that the bonus, or *quid pro quo*, held out to Mr. Warburton for his exertions in bringing forward the Anatomy Bill, was to have been his election to the President's Chair, on the resignation of Davies Gilbert; and that, on the faith of this promise, the rider was added to the Bill between two and three o'clock in the morning. The Bill having failed, it now remains to be seen if the promise will be fulfilled. In the mean time, not to be idle, the worthies concerned have resolved to make or dub Mr. Bransby Cooper, of little renown, an F.R.S., whose qualification for that honourable distinction is, it seems,

a dissertation on the foot of a Chinese lady, supposed to be his own composition. "Immortal Newton, couldst thou now behold how the honours of an institution boasting thy name, are prostituted, how truly indignant would thy spirit be."

H.

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MEDICAL PRIZES.

To the Editor of THE LANCET.

SIR,—Observing some very just remarks in the last week's LANCET, relating to the distribution of prizes by the various lecturers; and happening to be acquainted with a gross perversion of the "principle upon which rewards should be conferred," I am induced to make it known, in the hope that the party to whom it relates, may prevent a very gross abuse. Dr. Hopkins, with a zeal and liberality well worthy of imitation, presents his pupils annually with two gold medals for the best thesis upon some appropriate subject. There is a slight examination, but this is merely formal. Now it probably does not occur to Dr. Hopkins that, in imitation of certain Scotch Dubs, a man may procure a thesis ready prepared for a trifling sum; and this I happen to know, that an accoucheur of some celebrity has actually engaged to prepare a thesis, such as may be required, for a stipulated sum of money, and no doubt the pupil for whom it is intended will present it as his own, thus, at once, destroying all honourable competition. I would respectfully suggest to Dr. Hopkins, the propriety of making an efficient practical examination of his pupils, that the successful candidate may be deserving of the honours thus conferred upon him; this would put to the test the ability of each, and would have the effect of preventing any such gross deception as that to which I have alluded. Hoping you will notice this at your leisure, I beg to subscribe myself

AMICUS JUSTITIA.

London, June 16, 1899.

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BALSAM OF COPAIBA.

THE offensive qualities of this medicine have been effectually suppressed by a chemist of Philadelphia, by a consolidation of the balsam into a consistence for forming pills. It consists of an union of the oil and resin, in which the whole of the valuable qualities of the copaiba are retained. Two four-grain pills are mentioned as equal in effect to thirty drops of the balsam.

HYPERMETISM.

AMONGST the stories which are reviving in Paris, in consequence of the operation which we lately mentioned as having been performed by Cloquet on a female, while supposed to be in a state of insensibility from "magnetic influence," is one of a madman, who, some years ago, it is alleged, requested and suffered another madman to cut off his head. The operator proceeded slowly, with a very bad knife, but the patient submitted quietly, and without uttering a cry. Another story is, that a female, who was in the Salpêtrière two years since, who used to devour her own flesh, until every part of the body which she could get at was terribly mutilated. A third account is given of a female, named De Barre, who nailed herself to a cross, and remained there for an hour, "with a tranquil air, her eyes frequently closed, speaking first to one, then to another, and saying that it was very pleasant." But, generally speaking, the French are very sceptical as to M. Cloquet's case. There is, however, an official discussion now proceeding, which will undoubtedly produce the same result as the commission which was appointed in the better days of animal magnetism in London.

By far the most interesting of the cases which have yet occurred in the practice of animal magnetisers, are those in which the patients have been females, and pregnancy one of the results. This curious effect, at one time, made magnetising a highly popular operation.

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BOOKS RECEIVED FOR REVIEW.

Management and Diseases of Infants, under the influence of the Climate of India; being Instructions to Mothers and Parents, in situations where Medical Aid is not to be obtained, and a Guide to Medical Men inexperienced in Tropical Infantile Diseases. Illustrated by Coloured Plates. By FREDERICK CORBYN, Esq. M.R.C.S., Surgeon on the Bengal Establishment. Calcutta, Thacker and Co., and all Booksellers. 1898. Royal 8vo. pp. 463.

Hints for the Examination of Medical Witnesses. By JOHN GORDON SMITH, M.D., Professor of Medical Jurisprudence in the University of London. London, Longman, 1899. 12mo., pp. 138.

A Chart of the Cerebro-Spinal System in Man, together with the Origin and Primary Divisions of the Nerves which arise from it. Translated from the French of M. MARC, M.D. By LAIS VICENTE D'AVRONSCA. London: printed for the Author, and sold by Underwoods. 33 in. by 23.

# THE LANCET.

Vol. II.]

LONDON, SATURDAY, JUNE 27.

[1858-9.]

## ON THE SURGERY OF THE ABDOMEN;

By Dr. BLUNDELL.

[Concluded from page 336.]

6thly. May be narrated, two cases, in which an opening was made into the abdomen, with a view of extirpating the dropsical ovary.

43. In the first, the operation failed completely. The woman had never been tapped; the ovary held about a pailful; a scirrhus piece, as large at least as the hand, not easily removed, was left in the belly; great collapse occurred, directly the ovarian sac was drawn forth, before it was cut into; but the woman lived between eighty and ninety hours afterwards, without the occurrence of peritoneal inflammation, and died, apparently, from the cachexy produced by the dropsy, and for want of reaction in the system and the wound.

43. In the second case, the ovarian cyst was extirpated by Dr. Nathan Smith, formerly, I believe, of Connecticut.—(*See American Medical Recorder of Original Papers and Intelligence in Medicine and Surgery*, No. 17.) The sac contained about eight pints; there were no adhesions of extent and importance; the natural connexion of the ovary was as large as a finger, and the patient got well without a bad symptom. Dr. Nathan Smith is well known to some gentlemen now in London, and would, I have little doubt, if this were deemed necessary for the sake of science, give proof convincing to the most sceptical, of the authenticity of this case. These are the only three operations that I at present know of, coming so immediately under my notice, as to justify citation: at the two first I was myself present. I question much, whether in the first operations of lithotomy and amputation, the proportion of recoveries was so great as in two.

7thly. May be mentioned five cases of haemorrhage in the womb or vagina, occurring

during parturition, all of which were ultimately brought under my personal notice, though in one case only was I present when the accident occurred.

44. In the first, the child was born alive by the natural efforts, and the side of the womb was torn longitudinally, where it united with the broad ligaments; the woman sinking, of consequence, from flooding. I was requested to inspect the body: the rupture of the womb had not even been suspected during her life.

45. In the second case, the vagina, or neck of the womb, was lacerated behind, to the extent of a large hand breadth; the peritoneum being laid open, a clot of blood as big as the hand was found, after death, in the abdomen; collapse occurred, the patient never rallying thoroughly, though she lived for thirty-six hours.

46. The third case resembled the former; the woman died collapsed in about thirty-eight hours; there was, however, more reaction than in the former case.

47. In the fourth case the womb was torn in front, and the child escaped into the belly: the bladder was not injured. Collapse occurred in this case, and death took place in less than twelve hours.

48. The womb was torn in front in the fifth case also; the child, as before, escaping into the peritoneal sac. I brought this fetus away by turning; had my hand among the intestines and on the edge of the liver; felt the large arteries in the back of the abdomen, and grasped gently the empty and contracted womb. The child was brought away dead; the woman recovered pretty completely in the course of four or five weeks, but has never been in a state of robust health since. Her name was Casey; she lived near St. George's Church, Southwark, and before her recovery was complete, she came, for greater convenience, into Guy's Hospital. A few months back, i. e. five or six years after the accident, I made a careful examination, when no traces of cicatrix were discoverable in the vagina, and the mouth of the womb felt perfectly sound and natural, so that there can, I think, be no doubt that the parts had been torn through above.

8thly. Every one knows the formidable nature of the cesarian operation, and the very unfavourable circumstances under which it has generally been performed in this country. By a friend of the late Dr. Haigh-ton, however, it has been done three times; once successfully, when the abdominal wound was healed completely by the sixth day, and the woman was able to stir about in her house on the thirteenth day; the constitution was in this case sound, the contraction of the pelvis having been produced by a local cause, viz. fracture of the osseous lamina: the other two cases terminated fatally. Both the latter were performed on very unhealthy subjects; and therefore were malaccuteon. I have been induced to notice these three operations, because, from Mr. Barlow's acquaintance with my valued relative, they have been brought in a manner under my immediate notice.

Such is the small collection of facts, *favourable and unfavourable*, which, with limited opportunities, I have been able gradually to accumulate in the course of the last five or six years; and which to me seem calculated to throw some additional light on the probable success of a more enlarged abdominal surgery. From these, few as they are, I feel conscious that no certain inference can yet be drawn, though *presumptive* inferences certainly may, and they seem to me to be the following:—

1st. That smaller wounds of the peritoneum, as in tapping, hernia, &c., do not in general induce fatal peritonitis, or other destructive effects; and, therefore, that the common opinion, not perhaps found on paper, but frequently urged in conversation, and apparently operative in practice, I mean, that inflammation in a spot of the peritoneum will almost invariably diffuse itself over the greater part of it, is probably unfounded in truth.

2dly. That extensive divisions of the peritoneum are certainly not of necessity fatal, whether by inflammation or otherwise; and *probably* not generally so.

3dly. That the womb, spleen, and ovaries may be taken away in the mode mentioned, certainly without of necessity destroying life, and *presumptively* without generally destroying it.

4thly. That the womb, when developed from pregnancy, may be torn open: that the child may escape into the peritoneal sac, among the viscera; and that the mouth of the womb may be torn off, not, indeed, so far as these cases may be relied on, without great danger, but twice, in seven instances, without death.

5thly. And generally, that the peritoneum and abdominal viscera, though very tender in the human body, will, without fatal consequences, bear more injury, than, from

their modes of practice, the British surgeons, especially, seem disposed to admit.

6thly. That all the above inferences, from observations on the human abdomen, are in unison with those drawn from observations on the rabbit, the one set of inferences mutually supporting the other; and in this we have a fact corroborative of the principle for which I have contended elsewhere, that observation on the brute and human subject, when made with caution, may, perhaps, be found more in correspondence with each other, than some surgeons are disposed, at present, to admit. A contrary opinion, so far as it is erroneous, must exert a very baleful influence upon the progress of surgery.

Whilst the body of facts which have reference to abdominal injuries remains so small, it would, no doubt, be the extreme of rashness, on such authority, to recommend to practice any operations as yet untried, or of rare performance, *unless, indeed, in those cases in which they serve the only remaining chance of life*. As, however, the facts related evidently create a suspicion, that a bolder abdominal surgery would not be unattended with success, I may be pardoned, perhaps, for endeavouring, on this occasion, to draw the notice of the profession to the following operations, all to appearance feasible, though by no means all of equal promise; stating distinctly, at the same time, that my design at present is to recommend them to *consideration* merely, and not to *practice*, except, as observed above, *in cases otherwise desperate*.

1st. *A division of both the fallopian tubes, and even the removal of a small piece of them, so as to render them completely impervious, a fit addition, apparently, to the cesarian operation, the danger of which it would scarcely increase.*—The effect of this operation would be to prevent subsequent impregnation, without, however, destroying the sexual propensities, or the menstrual action of the womb; and as many, besides Mr. Barlow's patient, have, on the Continent, recovered from the cesarian operation, the possibility of a second need for it should, I think, by all means be precluded. In those cases, also, of contracted pelvis, in which, notwithstanding the excitement of parturition in the seventh month, it is still necessary to destroy the children, by opening the head, and reducing their size, in order to bring them down through the pelvis, I think it would not be amiss to adopt this operation in order to produce sterility. An opening, two fingers broad, might be made above the symphysis pubis, near the linea alba; the fallopian tubes might be drawn up to this opening one after the other, and a piece of the tube might then be taken out. The

operation, much less dangerous than a delivery, by perforating the head when the pelvis is highly contracted, may, I think, be safely recommended.

2dly. *The extirpation of the healthy ovaries.*—This operation, even granting it to be safe, can scarcely in any instance be necessary, though it may be observed, by the way, that it would probably be found an effectual remedy in the worst cases of dysmenorrhœa, and in bleeding from monthly determination of the inverted womb, where the extirpation of this organ was rejected.

3dly. *The extirpation of the ovarian cyst in scirrhus, combined with dropsy, or in simple dropsy,* will most probably be prevented by extensive adhesions, if the dropsical cyst be large and of long standing; but if the cyst be small, containing (as in Nathan Smith's case) a few pints only, the adhesions, it may be, will be found of small extent and easily separable. It remains to be ascertained, by observation, in what degree the abdominal adhesions may be divided, without an unjustifiable risk to the life of the patient. In the case of Janet Ireland, operated on by a very able surgeon, Mr. Lizars, of Edinburgh, the whole of the diseased mass could not, I believe, be removed from the abdomen; notwithstanding the patient got well, gathered flesh, and was relieved of her central pains. These considerations are very encouraging, but we must beware of rashness, and above all, we must be careful to select for the operation, those cases only, in which there is a reasonable hope.

4thly. *The removal of a large circular piece of cyst in ovarian dropsy, when the sac itself cannot be extirpated.*—As rupture of the ovary has cured the disease apparently, by laying the cyst open, and, perhaps, by inducing inflammation, advantage might be expected from this operation, at least as a palliative, though other cysts would no doubt, in many instances, gradually renew the disease.

5thly. *The removal of the Cancerous Womb, when the ulceration first makes its appearance.*—To omit the operations performed upon the Continent, as well as those by Dr. Weatherell and Mr. Banner, the event of Mrs. Moulden's case hereafter detailed, has, it is presumed, clearly proved the possible success of this operation. Without the help of surgery this disease appears to be totally helpless; but of usefulness, as before observed, it is necessary to beware.

6thly. *Extirpation of the Puerperal Uterus.*—When the cesarian operation is performed, or when a patient is evidently sinking after rupture of the womb, let it be remembered that the wound formed by the extirpation of the womb, and which might, probably, be much reduced in extent by

drawing the parts together with a ligature, would merely take place of a more formidable wound, that, I mean, formed in the womb by the cesarian operation, and which, by the operation here performed, would, together with the uterus, be taken completely out of the body. No operation, perhaps, can be more unpromising, shall I say, more unjustifiable, in the present state of our knowledge, but I thought it proper to mention it.

From four rabbits I removed the uterus within a few hours after delivery, after having drawn together, by means of ligatures, the parts by which they were connected to the pelvis; I mean the vagina, broad ligaments, and fallopian tubes. The mass removed was large enough to fill the hollow of the hand, as the rabbit is multiparous, and has two wombs of great capacity. Of these four rabbits, three, to my great surprise, recovered; the fourth dying from internal hemorrhage, in consequence of the detachment of the ligatures, which had been insecurely tied. A practitioner of considerable acuteness, Mr. Webber, of Yarmouth, informs me, that being called to an inversion of the puerperal uterus, he successfully removed it on the fifteenth day after delivery.

7thly. Should the bladder give way into the peritoneal sac, and I have two preparations of this accident, why should we not lay open the abdomen, tie up the bladder, discharge the urine, and wash out the peritoneum thoroughly by the injection of warm water? This operation would secure a chance of life, if the urine had not been extravasated long, say above half an hour.

8thly. Small openings, with callous edges, through the neck of the bladder into the vagina, are cured in France (as I learn from Mr. Travers) by the actual cautery. When the opening is large, it might perhaps, in some cases, be closed by ligature. Mr. Preston, an esteemed pupil, first suggested to me this operation.

9thly. Should circumstances require the high operation of the stone for the removal of calculus, might it not, in some cases, be useful to tie up the opening, formed in front of the bladder, the end of the ligature being drawn forth through the abdominal wound. Having little experience of lithotomy, I feel myself incapable of judging here, but my persuasion is, that in some rare cases, the bladder might be speedily healed in this manner, as in experiments 17, 18.

10thly. In the rabbit I have often tied the abdominal artery, and then carried the ligature out of the abdomen, at the point where the artery lay, by means of a broad pointed needle, instead of drawing the thread forth at the wound. In operating on the human body, would this expedient be advantageous, should further experience lead us to wish

ing the womb downward and backwards towards the point of the os coccygis, as I carried the fingers upward and forward, I succeeded ultimately in placing the tip over the fundus, in the manner of a blunt hook; after which, by a movement of retroversion, the womb was very speedily brought downwards and backwards into the palm of the left hand, then lodging in the vagina; when, at this part of the operation, the diseased mass might be seen distinctly enough, lying just within the genital fissure.

*Fourth Stage of the Operation.*—The process of removal being brought to this point, the diseased structure still in the palm of my hand, remained in connexion with the sides of the pelvis, by means of the fallopian tubes and broad ligaments, and with the bladder by means of the peritoneum, the front of the vagina, and interposed cellular web, parts which were easily divided, so as to liberate the mass to be removed. The broad ligaments were cut through, close upon the sides of the uterus, and, in dividing the vagina, great care was taken to keep clear of the bladder and uterus. The professional friends who favoured me with their presence were Dr. Elliotson, Mr. Callaway, Mr. B. Cooper, Mr. Key, and Mr. Morgan. The operation was facilitated by previous child-bearing, although, notwithstanding the discharges, there was little tendency to prolapsus uteri. Though the womb had bled so freely before the operation, owing to the weakness of the circulation and other causes, yet not more than four or five ounces of blood were effused during its progress, the greater part coming away when the diseased structure was detached from the bladder and vagina in front. The pain was not greater than that of an instrumental delivery, nor perhaps so great, nor did the patient require to be at all confined. The principal suffering was experienced when the vagina was divided behind, and when it was dilated by the introduction of the hand. There was no decided collapse when the peritoneum was first laid open, the intestines approached the aperture, but did not protrude; after the operation the sides of the vagina collapsed, and the aperture above seemed to be covered by a retroversion of the bladder. An indurated portion of the left side of the vagina, as large as the first joint of the little finger, was separately detached by the knife after the completion of the rest of the operation. The pulse was distinct enough in the wrist during the greater part of the time, but when the diseased portions had been completely removed, on the occurrence of the hemorrhage before mentioned, the beat of the radial artery was lost for about five minutes, the respiration being very feeble,

and the patient lying, as after large bleedings, very quiet. When brought to greater perfection, the method of operation will probably not occupy many minutes; but in this instance, that it might be done more safely, it was performed very slowly, and, like some deliveries by the forceps, it required more than an hour for its completion. It was not necessary, in this case, to vary the posture, the horizontal position being maintained throughout. The first incision was made at four o'clock, and the extirpation was finished by a quarter past five. Two ounces of gin and water were given during the operation, and the same quantity after its termination, with sixty drops of the tincture of opium. Previously to the operation the pulse was 120, tongue clean and rather white, and her manner composed; during its continuance, and when at the height of agitation, it rose to 140 in the minute, when she became faint, and approached nearly to a state of asphyxia. Two hours subsequently to the operation she was lying comfortably, as if asleep, the whole body was warm, the pulse 92 and distinct, and the manner and countenance encouraging. On the third day there was great agitation and vomiting, and the pulse 112, without any obvious cause. Considerable solicitude was now entertained respecting her, but, happily, every uncomfortable symptom disappeared when the bowels were freely relieved. For ten days there was a reddish-brown discharge, and then for eight or nine days more it assumed a muco-purulent character, the flow from the vagina ceasing, in a great measure, on the nineteenth, and altogether on the twenty-first day. Shooting pain was more or less felt during the three first weeks after the removal of the uterus, on the left side, especially where the crural nerve is crossing the brim of the pelvis, under Poupart's ligament. It is now five months since the parts were extirpated, and the patient is fat and well, and designs to return to her husband. The interception of the access to the ovaries is a complete security against extra-uterine impregnation.—The head of the vagina is closed by the bladder which lies upon it. In future cases it will, most probably, be necessary to vary the method of operating according to circumstances, nor is the operation here given proposed to the profession as the best. That its principal parts should be rendered visible is much to be desired, nor do I conceive this to be impracticable. Let us remember what has been done for lithotomy, amputation, and the operation for aneurism.

#### THIRD CASE.

Mrs. ———— *æt.* 40, of dark complexion, spare make, and the mother of several children, was labouring under anæmia and

thickening of the neck of the uterus, and about a quarter of the vagina above, with some ulceration, and feeling herself in a state of rapid decay, she was, together with her friends, after the failure of other means, anxious that the operation should be tried.

The vagina was lax and the uterus movable. The dangers and the uncertainties inseparable from the removal of the uterus, in the present state of abdominal surgery, were candidly laid before all parties concerned. Mr. Green of St. Thomas's Hospital, and Mr. Morgan of Guy's Hospital, considering that the constitution was not unfavourable for an operation of this kind, the patient still persevering in her wish, the parts, consisting of the whole of the womb and the upper part of the vagina, were removed. When the sides of the vagina and the broad ligaments were cut through, the principal hæmorrhage occurred, amounting, perhaps, to nine or ten ounces of venous blood; when the uterus was drawn down, the principal pain and collapse were produced. After the operation, the pulse became, for a few minutes, imperceptible at the wrist, afterwards gradually returning and ranging between 125 and 130 in the minute, with occasional, though not frequent, intermissions. Large doses of the tinct. opii were given, and the patient lay, for the most part, composed, with occasional plumbago: now and then tendency to restlessness was observed, although a complete rally could not be obtained. From the time of the removal of the parts the patient went on sinking, and died at the end of about nine hours, with scarcely a struggle. An examination, instituted next day, by Mr. Green and Mr. Morgan, proved, that the intestines, bladder, and ureters remained uninjured. Some two or three ounces of clotted blood were found in the cavity of the pelvis, in a situation admitting of easy removal through the outlet. The womb was twice as large as in Mrs. Moulden's case, and the vagina, as appeared from examination of the womb itself, and of the parts within the pelvis, from which it had been separated, were of considerable size, especially the veins. Death here seemed to be produced partly by the loss of blood, but mainly by the shock of the operation.

## FOREIGN DEPARTMENT.

### NEW METHOD OF OBTAINING THE ACETATE OF QUININE.

THE following mode of preparing this valuable medicine, lately proposed by M. Camols, seems to be, by far, less expensive and troublesome than the one usually employed. Two pounds of powdered yellow bark are

boiled, for a quarter of an hour, in a pint of water, in which one ounce and a half of caustic potash has been dissolved; the decoction is filtered and expressed, and water poured on the remainder as long as it is coloured by it. The residuum is now boiled for twenty minutes in twelve pints of water, to which an ounce of sulphuric acid has been added; the decoction is filtered and washed as before, and the remainder boiled in the same quantity of water, with a drachm of sulphuric acid. The acidulated decoctions are now mixed, and powdered chalk added to them, in order to saturate the excess of acid, and to precipitate the colouring matter; the fluid is filtered, and a sufficient quantity of water added to it; the fluid is then washed, and boiled, in six times its weight of alcohol at 40°; the decoction being filtered and evaporated to one-third, five times the quantity of water is added to the rest, and all the alcohol driven off by a gentle heat. The quinine is now saturated with a few drops of sulphuric acid, by the admixture of which the fluid becomes perfectly clear, and is filtered almost in a boiling state, after a small quantity of powdered chalk has been added. As soon as the fluid cools, the sulphate of quinine is deposited in white acicular crystals. — *Gazette de Santé*.

### POISONING BY THE ACETATE OF MORPHINE.

In the sitting of the Académie Royale de Médecine, on the 12th of May, M. Orfila related the following case: A young Brazilian, who was studying medicine in Paris, having resolved to destroy himself, swallowed twenty-two grains of the acetate of morphine; after six or seven minutes he became insensible, and remained so without any medical assistance for nearly ten hours. MM. Orfila, Bichard, and Tschacheron, who were sent for, found him in general convulsions, and with trismus, so that it was impossible to introduce any thing into his mouth; the body was as cold as ice, the pupils slightly dilated, the pulse 120, and the respiration very laborious. He was bled to forty ounces, sinapisms were applied to the feet, and a strong solution of tartar emetic thrown up in an enema. During the venæsection, a slight increase in the temperature of the skin was observed, the clyster came away immediately after its injection. After a few hours, sensibility gradually returned, and the trismus so far subsided, as to admit of the introduction of some vinegar and strong coffee. Under the frequent use of these remedies, the patient rapidly recovered, and in about five days was convalescent. M. Orfila declared that he had never seen such a high degree of necrosis, and thought that the recovery from it was entirely owing to the free use of the laurier.

## REMARKS ON THE LATE TRIAL

BETWEEN

*The College of Physicians and Dr. Harrison.**To the Editor of THE LANCET.*

SIR,—The protracted contest, raised by the Fellows of the College of Physicians, having at length terminated in their complete defeat, after two hearings in court, and at an expense to them for my taxed costs alone of 78*l.* 12*s.*, I am desirous, through the medium of your valuable Journal, to communicate some particulars connected with that celebrated struggle.

1st. I may premise, that the late trial records the first failure, since the enactment of their present by-laws. It has established the important fact, that they are not only illegal, but what is scarcely to be credited, that their validity can only be sustained by the very men who framed them to secure an exclusive benefit, and now defend them for selfish and unworthy purposes. From persons of this description, no correction of abuses will voluntarily proceed. They have taken a false position, and, favoured by legal quibbles and fictions, can maintain it, in defiance of every opposition, before the ordinary tribunals.

What is done for the improvement or credit of the repudiated physicians, must be achieved by themselves. This is really the fact, and I shall not attempt either to disguise it, or to mislead the public. The College was originally seized, and is still illegally held, by a dominant faction, to the exclusion of all others. Such has been the relative state of parties, from about the year 1752 to the present moment, and they will, I am persuaded, remain as they now are, until the injured persons can be induced to unite their energies, and collectively prosecute their claims before Parliament; then they will be triumphant. As the sacred cause affects more or less every physician in the British dominions, nothing more seems to be required, than a good beginning and a respectable association.

2dly. Whoever will give himself the trouble to look carefully into the charter of Henry VIII. will find, that it provides, 1st, for the extinction of quacks; 2d, for the searching of drug shops; 3d, the licensing of surgeons, apothecaries, and men-midwives, or of all persons who, from not having been examined, and admitted to practise by some university, require to have their fitness approved in another way. These being trusts of great moment and interest to

society, Henry confided their execution generally to the doctors of medicine resident within the city of London. In order to carry his intentions into effect, he established the College of Physicians, "after the example of well regulated cities in Italy, and many other countries." But the Colleges of Physicians abroad, it is notorious, were all composed of doctors in medicine, and no others; consequently, the College of London, instituted after their example, must have been similarly constituted. The original members of the London College, I therefore conclude, both from the language of the charter and the reason of the thing, consisted solely of doctors in physics of various universities; these were the "*homines facultatis*" of the charter, an expression which has been so much misunderstood and misrepresented. These were the members, and the only members, of the London College.

Henry entrusted the execution of the charter, in the first instance, to six graduates of Italian universities. Not one of them had either studied, or been entered, of either Oxford or Cambridge; from which it is evident that these universities were never intended by the royal founder to enjoy superior privileges. Such was the original constitution of the College, and so it remained, in fact, equally open to all physicians, until a faction narrowed the incorporation to promote their own views. This disgraceful occurrence, which diverted the College from its original purpose, took place, as already observed, about the middle of last century. From that period to the present time, the College has been involved in uncessing litigation, or turmoil, and its agitations will continue undiminished, so long as the rejected members are deprived of their constitutional rights. How long relief may be deferred, I know not. Come it certainly will, sooner or later, and this act of tardy justice would be accelerated, if the injured could be induced to forego their petty jealousies, and exert their combined energies to obtain substantial redress. Such a course would be manly and honourable; but so long as the influential licentiates will condescend to cringe and flatter the most insignificant fellows, to gain a seat in the college, they are unworthy of the freedom to which they aspire.

3dly. It has been objected to the defence, that it was sufficiently at variance with the style and manner of the letters, to disappoint the just expectations of the profession. That the pleadings were not in strict accordance with the correspondence, I admit; but, in making this concession, I may be allowed to add, that circumstances, over which I could exercise no control, and for which I am, therefore, not answerable,

obliged me to deviate into a tortuous track, after I had, as I believed, only to follow a straight path. During this fatiguing journey, I was left to pursue my route alone, neither meeting with a solitary companion to lessen my toil, nor any one to offer me the smallest accommodation. Of this inattention I never complained; but I may be now permitted to observe, in my own justification, that if, in traversing a hitherto unexplored region, I had the misfortune to lose my way, I am the only sufferer, and deny the right of any human being to call me to account, even if he should be able to show that there has been some unintentional mismanagement of the adventure. Several gentlemen came forward during the contest to enlighten the public with their profound lucubrations on College affairs. As they were not, however, intended for my instruction or assistance, but to display their own learning and private wishes, I acknowledge no obligations to the writers. Some of these advocates, thinking only of themselves, said, in very coarse terms, that I ought voluntarily to have given up the verdict, for the purpose of arguing the (unimportant) points reserved by Lord Tenterden.

The accusations of those who censure me, are founded on my not persisting in a course ascertained to be impracticable. I have already remarked, that unexpected obstacles drove us to substitute a mode of defence which neither I nor my professional adviser originally contemplated. Under such circumstances, we of course took advantage of opportunities in our favour as they arose. No fair or reasonable man would expect us to neglect any prudent and just measure to obtain a verdict. Some persons, I might add, do not go into courts of law for the purpose of being defeated. As the main questions which I originally considered at issue, would not be suffered to be argued either in this or a new trial, it became necessary to substitute other modes of proceeding, and in these we were successful. Should it be asserted that no good will spring out of the trial, I do not hesitate, in the most unqualified manner, to deny the inference. The College claims being all founded on the charter of Henry VIII., and the constitution of that charter being now placed in a clear and incontrovertible light, physicians will in future not be liable to be deceived, respecting the true foundation of their rights to practise physic in London, and to be admitted members of that corporation; and the information thus acquired, cannot fail soon to produce immense benefit to the public, and important and useful changes in the medical profession. Henceforward no one will, as a matter of course, acquiesce in the extravagant and injurious pretensions of the College, here announ-

ated to be both assumed and illegal. No doctor will, in future, become a licentiate of that body, but in compliance with the necessity imposed upon him, if he either is, or intends to be, a candidate for the office of physician to any hospital, dispensary, or other public institution, of which the by-laws unjustly and injuriously require that their physicians should be full-blown candidates, or licentiates of the London College. In confirmation of this I may remark, that since the commencement of my contest with the College, they have been joined by fewer licentiates than formerly. Last year (from October 1827, to October 1828,) they amounted only to eleven; this year they will probably be still less numerous; and but for the necessity imposed by the by-laws alluded to, it is my firm conviction there would be none.

Were the authors of these charges fully aware of all the difficulties under which I laboured, they would be little inclined either to blame my zeal or want of resolution. On my removal to the metropolis, about ten years since, I was called several times into consultation with the late Dr. Baillie, as I had often been during my abode in Lincolnshire. He urged me, at every opportunity, to become a licentiate, adding, that as I was now resident in London, unless I complied with the request, he could not, consistently with his obligations to the College, meet me as a physician.

With a view to fix my wavering determination, and arrive at a satisfactory conclusion, I stated my difficulties to a gentleman of great legal experience and eminence; he soon removed them, by informing me, among other consolatory circumstances, that the Fellows could only sue by their modern name of "President and Fellows of the Royal College of Physicians." That after having so long abandoned their proper title of "President and College, or Commonalty of the King's College of Physicians in the City of London," they could only recover it after proving their connexion with the statute 14 and 15 of Henry VIII. Moreover, that the reasonableness of every by-law, involving my interests as a physician, must be satisfactorily proved in court, before they could enforce penalties under it. Encouraged by a legal opinion, in strict accordance with the result of all former inquiries, I resolved either to enter the College, according to the obvious interpretation of the charter, and the only legal mode of admitting members, or to practise as an independent physician, regardless of the consequences. I came the more readily to this conclusion, because I felt confident, from the great respectability of the gentleman applied to, that a quarrel with the College would oblige the Fellows to expunge

some of their by-laws, and, probably, to restore the charter, in all its purity, to the well-educated physician.

Relying upon this opinion, and without any ill humour towards the Fellows, I forwarded my letters to Dr. Chambers and the Censors.\* They were all written under a confident assurance, that the College would be obliged to establish, by argument, their legal existence, the reasonableness of their by-laws, and several other difficult matters, before they could claim mulcts for practice. This conviction will, I trust, sufficiently justify the bold language in which my letters were couched. In this dubious situation matters remained some time, and when I supposed the business finally concluded I received official notice that the action had commenced; in a short time afterwards the fellows proceeded to "declare," or set forth, the objects of their suit.

Upon receiving the latter notification, I called a meeting of my junior counsel and solicitors; it was at this consultation, and not sooner, that I was made acquainted with my actual situation. I then learned, for the first time, the difficulties of my position, and that the College would not be called upon to defend their by-laws, and what was more mortifying still, that the judges would not suffer me to dispute their validity in a *qui tam* action. Mr. Campbell confirmed this doctrine at our last interview, only three days before the cause was decided. Upon receiving this information I offered to surrender the verdict, if I should be suffered, on a second trial, or even in the House of Lords, to impugn the by-laws. Having received the assurance of both my counsel that I should gain nothing in a new trial, nor any good by a removal into the House of Lords, I left them to pursue their own course, and use their own discretion, in managing the suit. Had I suspected Miss Orton's dissimulation and treachery before the cause came into court, I should have been prepared to controvert her insidious machinations, and defeat the College on the merits of my case.

During the long time that Miss Orton remained under my professional directions I possessed her entire confidence, as I am prepared to show by her own letters; nor had she ever given me reason to doubt her high sense of honour, or strict adherence to the truth. She then resided in a very respectable family, where she had neither temptation nor example to encourage a different course. Why she left it abruptly to live secluded with a young medical bachelor forms no part of my present inquiry. After she had determined on removing, though the place of selection was carefully con-

cealed, I became justly alarmed, well knowing the dangerous connexions she had formed. I therefore interrogated her strictly concerning the part she intended to act in my trial. She replied, that no prepossessions of hers should ever be turned against me. The following morning she repeated the same assurances, adding, with emotion and apparent sincerity, that I, who knew her so well, should be the last to suspect her veracity. Having strong reasons for thinking that she was under the management of needy and designing characters, I prevailed upon a mutual acquaintance to call, and ascertain, if possible, the temper of her mind, and her unreserved sentiments, with respect to me and the approaching trial. Her expressions, on this occasion also, being equally explicit and satisfactory, I unfortunately no longer doubted her veracity and good faith. To have hesitated, after such repeated assurances, to give full credit to the declarations of a lady who had never deceived me, would, I think, have shown both unbecoming scepticism and unjustifiable distrust. With this impression strongly fixed in my mind, and which was, moreover, strengthened by a correspondence with her brother, Miss Orton removed to her new lodgings, and I have never seen her since.

I had remained some time in this delusory state of security, both as to Miss Orton and the trial, when, to my great surprise, the cause was unexpectedly taken, by some secret agency, out of its proper order, and set down for hearing on the following Thursday; the lawyers, on both sides, declaring their entire ignorance of the new arrangements, and of the hidden influence which produced it. Fortunately, the brief had been already prepared, with great care and ability, by my solicitors; to it I afterwards subjoined not fewer than nine distinct propositions. My object in setting them down for argument was, to oblige the Fellows to defend the reasonableness of their by-laws, and the legality of their proceedings. The propositions were illustrated and supported with such reasons and deductions as occurred to me at the exigence of the moment. Could the judge have been prevailed upon to suffer their discussion, I really believe that the College would have lost both its authority and its charter. However I may lament this determination, as the points themselves could not be argued, we were obliged to submit. That due pains were taken, on the part of my solicitors, to bring the case properly into court, will, I think, be admitted, when I add, that the brief alone filled thirty common sized folios, written in the usual manner. My own observations occupied eleven similar pages.

Such being the mode adopted in this struggle to obtain a full hearing of our grievances,

\* See former Numbers of THE LANCET.

I may confidently assert, that every care was taken, on my part, to conduct the affair with proper circumspection, and with a view to its thorough investigation.

At length the day of trial arrived, and it was scarcely opened before I discovered that, so far from my propositions being deliberately argued, not one of them would be suffered to occupy the court for a single minute. It was, on our side, a Parthian contest from the first to the last, in which we could not make a single halt, but were successively driven from post to post. After the last had been carried, and no place of refuge could be found, the combat was suspended. A long pause ensued, which was interrupted by a call for Miss Orton. The name no sooner vibrated on my ears, than I became fully alive to her duplicity and hypocrisy, but the knowledge came too late to admit of my attempting to rebut her evidence on the present occasion. Had I been defeated, a new trial would have enabled me to bring up fresh forces, and recover the victory. Happily the verdict renders it unnecessary for me to enter further into the contest, and I feel no desire to retaliate upon an unprotected female, who once possessed my esteem, and has, I believe, forfeited it more through the artifice of others than her own inclination. No sooner did Miss Orton's well disciplined servant, Emma Edwards, stand up in the witness box, than Mr. Campbell, tapping me on the shoulder, said, "Is this a spinal case?" I answered, "Yes." Not another word was exchanged between us during the remainder of the trial. The girl had a bundle of prescriptions put into her hand; they were tied together at one end, leaving them loose, and waving below. This ingenious contrivance produced an imposing display, and gave the appearance of a much greater collection of prescriptions than she really possessed. They were written for three different females.

1st. Several of them were for the witness herself, who was forced, on cross-examination, to admit, that I received no pecuniary remuneration from her. On this being conceded, the Judge ruled, that her case did not come within the meaning of the statute, or subject me to penalties for acting as a physician, the very essence of which consists in accepting fees.

2dly. Mrs. Purser, a poor, infirm, and bed-ridden widow, afforded another example of practice, brought against me in this memorable trial; she laboured under a complication of maladies, aggravated by her contracted means; her prescriptions increased the bundle held in the hand of Emma Edwards, but it must have been known both to her and the plaintiffs that they were irre-

levant, as they added nothing to my emolument.

3dly. The plaintiffs had hunted out another instance of practice; the object of it was actually subpoenaed, and brought into court, though they did not venture to place him in the witness-box, having discovered that his evidence would prejudice their cause. This youth, an under-writer in Mr. Marshall Thompson's Hotel, applied for my gratuitous advice; he afterwards became the patient of two junior Fellows. These gentlemen having induced the boy to give up my prescriptions, lodged them, as I am told, in the archives of their College, to be in readiness to appear in due time against me. 4thly. Although I do not intend, *ex se*, to scrutinise the conduct of Miss Orton, or the extraordinary evidence of her female servant, it was in my power to have completely destroyed the force of their united testimony, had it been suspected that this deceitful woman, and her well-tutored attendant, were to appear against me.

The Fellows, I am informed, complain bitterly of the heavy cost of the trial. How all their money was expended, does not appear. In the absence of direct proofs, we may be suffered to conjecture, that if Miss Orton was really endowed with greater fortitude than Demas, some of her perfections might not be equally inalienable to the magic influence of a "golden shower."

These were some of the mean arts to which my learned opponents did not hesitate to stoop, in order to obtain the verdict. After this explanation, it would, I think, be more than superfluous to produce fresh proofs of the *quo animo* by which the governing members of the most ancient medical institution of the United Kingdom contrive to bolster up their affairs, and mislead the public. I have already said, that Mr. Campbell formed his successful appeal to the jury, out of the expressive monosyllable "yes." He contended, 1st. That the spinal disorder under which Miss Orton suffered belongs to the surgical department, and that practitioners are not required, in the treatment of such maladies, to connect themselves with the College of Physicians. 2dly. That before the Fellows could establish my liability to penalties under the statute, they must prove *continuous* practice for one whole month.

Mr. Campbell's eloquent address led to a verdict in my favour. It was certainly neither so complete nor so satisfactory as I originally expected. But as we were not suffered to grapple with the by-laws, it was perhaps the best that could be obtained, under the unexpected difficulties of our novel position. The conclusions arising out of the above premises are,

1st. That the "College or Commonalty

of the Faculty of Physic," erroneously designated the "*Royal College of Physicians*," was established for the *equal* benefit of all doctors of physic residing within its boundaries.

2dly. That its members were indiscriminately taken from British and Foreign universities until the middle of last century, when a dominant party narrowed the admissions to graduates of Oxford and Cambridge.

3dly. That since this illegal derivation and application of the honours and revenues of the College, it has been sensibly declining in usefulness, in respectability, and in power.

4thly. That, in the trial of Drs. Archer and Fothergill, also of Drs. Stanger and Cook with the College, the contest was with licentiates, or persons, who, having voluntarily engaged to obey the by-laws, could not afterwards get disengaged from them.

5thly. That, in the trial with Dr. Harrison, as the College sued only for penalties stated in the charter, the wholesomeness of the by-laws could not be brought under review, otherwise the defendant was prepared to show their illegality, their oppression, and their mischievous effects upon medical science and the faculty.

6thly. That the clause under which Dr. Harrison was prosecuted was not applicable to him, because it refers only to those medical men, who having procured no degree or authority to exercise medicine from an university, are therefore required in the charter to be examined and licensed to practise by the College of Physicians.

Will the Fellows condescend to inform the public, why this *delegated* power was applied to Dr. Harrison, a regular graduate, an *honore facultatis*, instead of being enforced against the persons for whom it was really enacted? The Fellows are requested, while giving their explanation, to bear in mind Lord Tenterden's recommendation to the jury in this particular trial: "It is our duty here to administer the law, and if the law be wrong," it is the Legislature which must correct it, and not you or I."

7thly. That it follows, as a consequence of the preceding trials, that neither the licentiates, nor the independent physicians, can obtain redress in the courts or law, merely because they are not members of the corporation, and that relief, when it is obtained, must be procured through the intervention of parliament.

Though I have already drawn largely upon the reader's patience, I am desirous to add to the above, the cogent observations of two other chief justices.

In 1768, the Fellows were cautioned by Lord Mansfield "against narrowing their grounds of admission so much, that if even a Boerhaave should be resident here, he could not be admitted into the fellowship." Again: "I should recommend it to the College to take the best advice in reviewing their statutes, and to attend to the design and intention of the crown and parliament in their institution. I see a source of great dispute and litigation in them, as they now stand; there has not, as it should seem, been due consideration had of their charter, or legal advice taken in forming them. I think that every person of proper education, requisite learning and skill, and possessed of all other due qualifications, is entitled to have a license; and I think that he ought, if he desires it, to be admitted into the College." And again: "They are bound to admit every person whom, upon examination, they think to be fit to be admitted within the description of the charter and act of parliament which confirms it. The person who comes within that description has a right to be admitted into the fellowship."

In 1797, Lord Kenyon says—"By what fatality it is that almost ever since this charter has been granted, this learned body has somehow or other lived in a course of litigation, I know not; one is rather surprised, when one considers, that the several members of this body, including the licentiates, the commonalty of this corporation, are very learned men, and inasmuch as it is not generally the fruits of learning, at least not the best fruits of learning, to get into litigation, one cannot well tell, how these learned gentlemen have fallen into so much litigation."

With these remarks and quotations, which might have been considerably extended, I take leave of the College. I can with truth declare at parting, that I do not entertain the slightest feeling of hostility or prejudice towards any of the Fellows, notwithstanding the altered behaviour of some of them towards me since the late decision in Westminster Hall. If they could be induced to listen to any advice of mine, I would entreat them, in the spirit of peace, to follow the recommendations of Lord Mansfield, and restore the charter of Henry, *their only source of power, to its original purity*. By complying with his salutary admonitions, they will exalt the reputation of their College, promote their own respectability, and restore harmony to a distracted profession.

I am, Sir, &c.,

EDWARD HARRISON.

Holk - Street, Cavendish Square,  
June 12, 1830.

\* The law is not wrong, the fault is in its administration.

MEDICAL AND SURGICAL REFORM.

To the Editor of THE LANCET.

SIR,—It is with great satisfaction I perceive, among the friends of medical and surgical reform, a determination to have another meeting in the autumn. May I be permitted, as an humble but zealous member of the profession, to suggest, through the medium of your useful Journal, that the business of that meeting should be well and duly considered previous to its taking place. Let us not assemble in wild array, as mere declaimers upon the existing order of things, but rather let us strike at its very foundation, by a plain, unvarnished statement of facts, that the Legislature and the public may have a fair opportunity of judging whether the grievances complained of by the great body of the profession are real or imaginary. Is it not a truth, undeniable and deeply to be deplored, that the College of Surgeons of this enlightened country is governed by a set of men who, take them as a body, are notoriously behind nine-tenths of their professional brethren in general intellectual acquirements? This is the march of medical intellect with a vengeance! Sir, if we were to proceed with an analysis of all the acts which have emanated from this imbecile body, it would, indeed, be an endless task; but, I would ask, what has been the conduct of the Members of the Council regarding the late Anatomy Bill? Were they not the last to petition for any legislative enactment? And when the bill was introduced into Parliament, why did they pray to be heard by counsel against some of the clauses? Was it that they might suggest some alterations which would afford greater facilities in the prosecution of anatomical study? Was it to advise the repeal of that part of the criminal code which would tend to remove the prejudices of the people against human dissection? Was it, in fact, founded upon any one principle of science or humanity? Certainly not, for the only new feature, after all the delay given to the bill by their interference, was, that they (the Council of the College of Surgeons) should have the privilege of granting licences to the teachers of anatomy! proving, at once, that their sole objects were profit and monopoly. And yet we have heard it said, that the clouds of darkness are being dispersed, and that a better order of things is opening to our view. Do we not, say they, require (in addition to our former regulations) testimonials of attendance on lectures in medicine, chemistry, midwifery, &c. &c., as if these things were to be considered satisfactory tests of professional acquirement, not thinking (poor souls!) that in the "certificated trade" these precious accu-

ments can be obtained by a student who had never crossed the threshold of the lecture room or hospital door in his life. Constatuted as the College is, Sir, how can we expect better things? Take, for instance, the manner in which vacancies are filled in the Council; and let me ask, whether that member who has most influence with his colleagues will not take care to introduce his immediate friend or relation, without any regard to his talent or qualifications as a professional legislator. Really it will scarcely excite surprise, if at no very distant day the Council is found to consist of a snug family party, with that great leviathan, the Serjeant-Surgeon to the King, at the head of it. We read, in Holy Writ, that when the people offered sacrifices in the courts of the Temple, the sons of Eli claimed first choice of the nicest roasting pieces for themselves, and the people were fools enough not to resist their demand: it was a good *place*, in those days, to be one of the sons of the prophets.

I have only to add my sincere wish, that you may persevere "through evil report and good report," in the great cause which you have so ably advocated, and you will ultimately achieve that for which you will have the gratification of receiving the thanks and blessings of every honest man in the kingdom.

I remain, Sir, your very obedient,

ARCUS.

June 14th.

ERGOT OF RYE.

To the Editor of THE LANCET.

SIR,—Having read many cases, in the pages of your valuable Journal, of the efficacy of the ergot of rye, in protracted labour, you will probably not deem the following remarks unworthy of insertion. Within the last seven months I have administered the ergot of rye in thirty-six successive cases, and do not hesitate to affirm, that it may be given in any stage of labour with the greatest safety and the most beneficial result to the patient. In a case of prolapsed uteri, I administered two half drachm doses of the powder, which speedily produced contraction, no manual assistance being required. I have further to remark, that in no case have I observed that it has caused the suppression of the lochial discharge. In five cases of uterine hæmorrhage, not depending upon pregnancy, it has had the effect of stopping the discharge without administering any other remedy.

I remain, Sir,

Your obedient servant,

Brighouse, near Halifax,

G. W.

June 9th.

## VEGETABLE DIET.

THE following case is reported by Mr. Monday, in the Medical and Surgical Journal for the present month, as having occurred to him in a patient who had pursued a vegetable diet with great strictness for the seven preceding years. Garden vegetables dressed, cucumbers, lettuces, &c., unprepared, fruits, bread, biscuit, and distilled water, composed the food. The patient was aged nineteen, spare, and disposed to scrofula; dry skin, narrow chest, and acute faculties. Dr. Lambe's work on the Benefit of Vegetable Diet, had persuaded him to his present mode of living. Mr. Monday first saw him Jan. 7, 1829.

He had, some years before, been the subject of an inflammatory affection of the chest, with hooping-cough, which cough was obstinate; and, when very young, had also an inflammatory affection of the bowels. In other respects he enjoyed tolerable health till within these last twelve months, when he began to complain of pain and weakness in the back, and occasional pain in the right side; and it was remarked that he was irritable in his disposition, from slight causes, and fond of solitude. His hearing was rather dull. At this time there existed pain in the right side of the chest; short harassing cough; expectoration of a small quantity of mucus; a redness of the eyes, nostrils, &c.; dryness extending down the lower part of the throat and bronchii; tongue slightly buffed, with a redness in the centre; no appetite, and but small quantities of food taken; tenderness of the epigastrium, and pain darting from the stomach through to the back; pain about the right hypochondrium; gripping pains in the bowels, with flatulent distention; motions dark and unnatural; no pain expressed on pressure over the abdomen; urine depositing a quantity of stringy mucus; pulse small, beating fifty times in a minute; had a chilliness over him during the day, and at night copious perspirations. This inflammatory state of the mucous tissues was relieved by local bleeding, by means of leeches, which was followed by considerable exhaustion, mixtures of castor oil, and also infusion of rose, with sulphate of magnesia, and a calomel pill at night, a quill and spermaceti mixture for cough, and afterwards balsam of copaiba. On the 18th of February a feverish state occurred, with an erythematous rash, similar to measles, extending generally and gradually over the body; this disappeared after three days. He then complained of confusion of the head, but had no headach, a slight comatose state succeeded, with difficulty of articulation, and, partially, of swallowing; after two days he was completely comatose. Blisters were applied to

the head and neck, and mercurials, with cathartics, were given, but, after a partial reaction, he sank on the fourth day.

*Examination six hours after Death.*

The membranes of the brain appeared perfectly healthy; there was no preternatural vascularity or fulness of the vessels of the pia mater. The cerebrum was rather more dense or firm than usual, and the medullary part was particularly white; the ventricles contained about two ounces of serum. The cerebellum was very soft, pulsatious, readily breaking down under the slightest pressure. There was no serum in the spinal canal; the medulla was firm, similar to the cerebrum; it did not fill up the canal, but it appeared as if contracted upon itself.

*Chest.*—The left lung was gorged with blood; the right adhered to the ribs by old adhesions; it was full of tubercles, and just opposite to the seat of pain there was a tubercular abscess, about the size of a walnut. On opening the abdomen, the omentum was full of small tubercles, and it adhered firmly to the fundus of the bladder. The peritoneum presented all over the like studded, tuberculated appearance; and where it passed over the liver and muscles opposite to it, it looked as if covered with grains of rice. The external coat of the stomach was very vascular and thickened, and the whole of the mucous coat was covered with small bloody points, disposed in lines. The small intestines and the mesentery were covered with larger granulated bodies. The external coat of the duodenum was very thin, and easily torn; the mucous coat appeared absorbed, but leaving puckered ridges remaining. The small intestines showed great vascularity, and they contained a black glary fluid. The coats of the large intestines and of the bladder were much thickened.

This case appeared to present, as far as cause and effect could indicate, morbid alteration of structure in the cerebellum, from derangement of the functions of the stomach, although that derangement (or, at least, that extent of derangement) was not characterised by any very marked symptoms in the head, as there only existed a dullness of hearing and mental irritability.

## HYDROTHORAX.

THE following case supplies a satisfactory explanation of one of the causes of sudden death ensuing to hydrothorax, after the signs proper to that form of dropsy were no longer perceptible, and when the case seemed to have put on the character of decided convalescence.

C. N., aged 47, admitted in June into the Baltimore Infirmary, with symptoms of thoracic and general dropsy. After a variety of treatment, the ascites and anasarca were greatly reduced, and in about six weeks the respiration became easy and strong, and indications of general amendment seemed to remove all cause of apprehension. In another week the patient was up and dressed, his countenance expressive of great ease and comfort, his remarks full of confidence. Two hours after these observations were made, the physician was called in haste, on information that he had been seized with a fit. In a few minutes he was without a sign of life. A doubt arose whether the cause was lesion in the brain, or sudden extinction of the heart's action, from concentrated dropsy of the pericardium. On dissection, a few hours after death, there was nothing remarkable in the head, until cutting away the medullary substance cautiously down to the lateral ventricles, when these were found very much enlarged, as if recently greatly distended, but they were at this time quite empty. On prosecuting the dissection below the level of the tentorium, the fourth ventricle, the head of the medulla spinalis, and whole base of the brain, were inundated by water, which, when the head was depressed, flowed out to the amount of five or six ounces. The fluid appeared to have accumulated in the lateral ventricles during an uncertain time, without serious consequences, and at last, by forcing the valvular defence, and the pulpy closure of the passage leading to the fourth ventricle, had dropped suddenly upon that cavity, ruptured it at its thin and inferior surface, and effused itself on the medulla oblongata, and into the spinal canal. Pressure there seems to have caused the catastrophe. There was very little effusion elsewhere, and no obvious morbid state of the heart or great vessels.

The circumstances lead to the conclusion, that the delicate ventricular tissues of the brain, and especially of the greater or lateral ventricles, are equally liable with other parts of the body, to dropsical effusion, may retain it harmlessly for a long time and subsequent to removal of general hydropic effusion, be effected by quantity, weight, or shock, inundate the base of the brain, and occasion instant death.—*American Jour.* No. 6.

#### RESPIRATION PERFORMED BY ONE LUNG.

At the post-mortem examination of a lad, twelve years of age, at Philadelphia, in March, whose death was occasioned by tetanus, from a very trifling cause, the left lung was found to be compressed into a solid mass, about the size of the fist, but no

otherwise changed in structure. The cavity which it left was filled with cellular tissue, apparently produced by lymph, which had been effused in some attack of pleuritis a long time previous, and had become organised, compressing the lung. The right lung was very large, in a perfectly natural state, and adequate to all the purposes of life. The boy had not been sensible of any illness for three years.—*American Jour.* No. 6.

#### MICROSCOPIC ULCERS ON THE CORNEA.

These minute ulcers of the eye have not been noticed by more than one or two writers. The following case has been lately reported by Dr. Hays, of the Pennsylvania Eye Infirmary:—E. D., *etat.* 30, applied for relief, with slight inflammation of the conjunctiva of one eye, and an indistinctness of vision, for which there was no visible cause. By the loss of a little blood, purging, and low diet, the inflammation abated in a few days, but the indistinctness of vision increased. At this period the cornea, though transparent, did not present a perfectly natural appearance, and on carefully examining it in certain positions, a very minute, irregular depression was observed by the irregular reflection of the light. On examination with a microscope, at least fifty ulcers were seen on the cornea, all so minute that they could not be perceived separately by the naked eye; the one at first seen was evidently formed by the union of three or four. These ulcers remained for several weeks, but ultimately entirely healed. At no period was there any effused lymph, or red vessels, to be seen on the corneal conjunctiva.

#### PRESERVATION OF LEECHES IN WINTER.

The following singular plan is adopted among the Siberian tribes of Russia for preserving leeches during the winter season. If the statement in which the account is given (*Giraffe's Journal*) be correct, and the authority is high, the mode appears, as far as practicable, to be worthy of imitation, as so much complaint is made of the difficulty it is intended to obviate. In October, a pit is dug, in mud or clay, in the open air, and the sides and bottom are made perfectly hard and smooth, it is then filled with fresh river water, the leeches are placed in it, and the whole mass of water is allowed to freeze to solidity. Whenever any of the leeches are required, a piece of ice containing them is chopped out of the pit, and is allowed to thaw gradually in a cool place. The leeches do not injure by this freezing, but will bite with greater readiness than those kept in a room during the winter.

#### REUNION OF A LARGE PORTION OF THE CALF AFTER BEING TORN OFF.

THE following interesting case occurred in the practice of Dr. Gröschner, of Spremberg. A labourer was engaged in moving a large beam, one end of which was supported on his hands behind, about as high as his loins, the beam itself pointing upwards, and resting on his back. By an accident, it was struck from his grasp, and, in descending, the sharp edge of the beam struck the calf of his leg, about a hand's breadth below the bend of the knee, and tore down the integument and the gastrocnemius internus muscle, nearly to the tendo achillis. The breadth of the flap above was upwards of three inches; below, it was held to the limb by scarcely a finger's breadth of integument alone. The persons who conveyed the man to his house had reapplied the portion of flesh, but, to check the bleeding, had washed the limb with brandy, and wrapped it in cloths wet with the same. Dr. Gröschner removed these, and applied adhesive straps. The patient did well for a few days, but soon fell very low, and at length had regular hectic and night sweats. Finding little prospect of adhesion, Dr. Gröschner made use of sutures and a wash to stimulate the integument to a higher degree of action, administering to the patient at the same time Peruvian bark in considerable quantity, and a nutritious diet. Adhesive inflammation took place, and the whole mass became firmly united. The patient was able to resume his business on the twenty-ninth day after the accident.—*Graef's Journal*.

#### BLEEDING FROM LEECH BITES.

MANY remedies have been made public. Dr. Löwenhardt, of Berlin, adds another, which he mentions as being successful and simple; it is that of drawing the edges of the wound together with a fine needle and thread: the thread being passed through the cuticle only, no pain is occasioned, and the bleeding is at once suppressed.

#### DRESSERS.

In all the Italian hospitals, there are a number of young men, from 20 to 30, who perform almost the same functions as the dressers in the London hospitals, but live in the institution, and are lodged and fed at the expense of government. They receive about three shillings a month of salary.—*Med. and Phys. Jour.*

#### DRESSING OF WOUNDS.

THERE is a circumstance connected with this process in the above hospitals, which is not unworthy of remark, viz., the method of

using adhesive straps. The strap is cut very broad at the extremities, and narrow in the centre, so that it is enabled to take a firm hold of the edges of the wound, and exert a considerable power in retaining them in contact, while large spaces are left between each slip in the middle, which permits the free discharge of the pus and ligatures.—*Id.*

#### SINGULAR TREATMENT OF TETANUS.

THE following extraordinary practice for the cure of this disease prevails amongst the inhabitants of the Tonga or Friendly Islands in the South Pacific Ocean, among whom it is said, that traumatic tetanus prevails to a great extent. It consists in producing a considerable degree of irritation in the urethra, and discharge of blood, by the introduction of a reed of proper size, for some distance into the canal, and, when the case is very violent, a cord is passed along the urethra, and carried through the perineum. The two ends are then occasionally pulled to and fro, inducing great pain, and a copious hæmorrhage, with much swelling and inflammation of the penis. Two cures of confirmed tetanus are related by a gentleman of the name of Mariner to Professor Chapman of Pennsylvania, as having been performed by this strange and unpromising practice. The mode may suggest a principle capable of improvement.

#### NEW MODE OF ADMINISTERING QUININE.

FOUR cases of facial neuralgia, which resisted the ordinary treatment, yielded to the administration of one grain of powdered quinine, in two grains of snuff, mixed and used as common snuff. This dose was always sufficient, and in from two to three days the patients were cured, as if by enchantment. The cases occurred to Dr. Richet, of Metz, and are related in his thesis presented to the Faculty of Medicine of Strasbourg.

#### IODINE IN GOUT.

THIS medicine has been repeatedly employed with success in gout by M. Gendrin, the editor of the *Jour. Gén. de Méd.* He applies it externally and internally in frictions, vapour, triturations, alkaline solution, and enema. He has tried it in about thirty cases, and in every one of them, the patients were either cured in a few days, or their condition rapidly ameliorated. In no instance has he found it productive of injurious effects.

## THE LANCET.

*London, Saturday, June 27, 1839.*

An inquest was held on Thursday, the 4th inst., at Lewisham, Kent, on the body of a child named William Adams, before Mr. JOSEPH CARTER, coroner for the county, of which the following particulars have been reported:—

"The child, about three years of age, had been treated at the Kent Dispensary for a complaint in the lungs. The medicine consisted of two grains of calomel, and two of antimony, administered every four hours, until thirty grains each of calomel, and of antimony, had been taken in three days. Violent salivation ensued, the gums ulcerated and sloughed, the mouth and cheeks mortified, and the child died. The prescribing apothecary did not see the child for four days, while the effects of the salivation were proceeding, and the last time he saw it, he said he could do nothing more. The surgeon of the parish was then called in by the child's mother, and he immediately sent for two other medical men, but before their arrival the child died. In its illness it had no constant nurse, but during the necessary absence of the mother in the fields, it was attended by one or other of the neighbours. On the inquest, the opinion of the parish surgeon was not pressed as to the cause of death, the mother was not called, and the time of the Court was chiefly occupied by the evidence of a woman who could not speak to a single important fact.

"On this evidence, the jury brought in a verdict of 'Died by the visitation of God; but that their unanimous opinion was, that there had been culpable neglect on the part of the prescribing apothecary, and also on the part of the mother.' The two latter clauses of this finding the coroner would not receive. He told the jury that they had no concern whatever with the effects of the

medical prescription; that a medical man who gave his services gratuitously, is not bound, and cannot be expected to bestow much attention upon pauper patients; and that the neglect of the apothecary, in the case in question, being according to the usual order of things, could not be competently inquired into at an inquest, nor noticed with blame in the verdict. Upon these principles the coroner, in opposition to the opinion of the jury, recorded the verdict 'Died by the visitation of God, and not in consequence of the neglect of any person or persons.'"

Hospitals, infirmaries, and dispensaries, have often been denominated human slaughter houses in the pages of this Journal. Repeatedly have we urged the impolicy of supporting these institutions, repeatedly have we exposed the proceedings of the quacks by whom many of them have been founded, and repeatedly have we described the scenes of blood which are frequently exhibited within their walls. The public are in no instance more decidedly deluded than in entertaining the supposition that hospitals, infirmaries, and dispensaries, furnish the best means for alleviating the sufferings of the diseased poor; and Mr. CARTER, the coroner of Kent, deserves great praise for the honesty and boldness with which he has rent the veil that too long concealed from the public eye the value of his great services in supporting the Kent Dispensary. This very worthy coroner and secretary appears to have told the jury, that the neglect of the apothecary in the case in question being "according to the usual order of things," could not be competently inquired into; further, that they, the jury, "had no concern whatever with the effects of the medical prescription," and that "a medical man who gives his services gratuitously is not bound, and cannot be expected, to bestow much attention upon pauper patients." If these words were uttered by Mr. CARTER, there is no doubt

that he is a very fit person to fill the office of secretary to the Kent Dispensary, and of nearly all the hospitals, infirmaries, and dispensaries in the kingdom; but that he is certainly a very unfit person to hold the office of coroner, and such a booby ought not to be continued in it another hour. The crowner's 'quest law of Mr. Secretary CARTER is, if possible, superior to that of "the precious coroner of Dover." The governors of the Kent Dispensary, and the public, are gravely told by the secretary of the institution which they have been upholding by their benevolent contributions, that it cannot be expected that an uneducated medical man can bestow much of his time or attention upon pauper patients. Mr. CARTER, according to the report, has filled the office of secretary not less than thirty years; he must, therefore, be pretty well acquainted with what has been the conduct of his colleagues in office. Mr. CARTER did not state by whom it "cannot be expected that a medical man should bestow much of his time on pauper patients," but we presume he did not mean the patients themselves, the public, or the great body of the governors of the charity. The coroner is, doubtless, aware of the fact, (and, in truth, it is too notorious to admit of denial from any person at all acquainted with the subject,) that many of our hospitals, and nearly the whole of our infirmaries and dispensaries, have been established by scheming practitioners, with the assistance of their relatives and friends;—established by medical men for their own exclusive benefit; and he must know equally well, that the great majority of physicians and surgeons, who fill the various offices in infirmaries and dispensaries, are only remarkable for their ignorance, impudence, and cunning. Thousands of persons are annually butchered among the miserable in and out-patients of these *charitable* institutions. Charity, however, in these days of refinement, can only take her course through the columns of a

newspaper. Every donor of a guinea must see his name blazoned forth in the public prints, in order that he may be set down as a good and kind-hearted man. Some subscribers are really well disposed, and contribute their funds with the best possible intentions; but others, with a recklessness and barbarity which cannot be sufficiently condemned, assist in establishing places called infirmaries and dispensaries, with an intention of placing in them officers who are totally incompetent to discharge their professional duties. Medicines and advice are also administered so indiscriminately at our medical institutions, that the majority of the members of the profession in all large cities and towns, are fast sinking into beggary. The distress in the profession at the present period is unprecedented; and it is self-evident that it has been mainly produced by the misapplication of the funds of our great medical charities. King HARRISON boasted, in his evidence given before the anatomical committee, that nearly forty thousand out-patients had received assistance at Guy's Hospital in one year, and that those individuals were not paupers, but artificers and inferior tradesmen. We have ourselves seen persons receive advice in the public surgery of that hospital from Sir ASHLEY COOPER, who had gone there in gigs, and were attended by livery servants. In a word, hospitals, infirmaries, and dispensaries, are the puff shops of the physicians and surgeons, and the humane treatment of the poor is altogether out of the question, or is a thing mentioned only to be laughed at. If the public are anxious to afford other medical assistance to the distressed poor, than what is prescribed by the poor laws, let them visit the sick at their own habitations; discover, by personal inquiry, deserving objects of charity, and place these under the care of their own family surgeon, in whose skill they show they have faith, by employing him themselves. This would be real charity to the afflicted, and no

more than an act of justice to the deserving surgeon, who now suffers daily degradation and loss through the wily and deceitful manoeuvres of a base gang of dispensary quacks. This crew must be destroyed; the means are in the hands of the profession. The report of the Lewisham Inquest, which was originally published in *The Times*, is probably the severest blow the atrocious system has yet received, for we know not on what avowed principle the public can subscribe to the support of dispensaries, when they are told by a county coroner, and a secretary to one of the branches of the system, that "a medical man who renders his services gratuitously, is not bound, and cannot be expected, to bestow much of his attention upon pauper patients." After this, let us hear no more of "charity" in supporting these human slaughter-houses.

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MR. BARON HULLOCK'S ADDRESS TO THE JURY, ON THE TRIAL OF MR. VAN BUTCHELL.

"Gentlemen of the jury—In my opinion this case has proceeded far enough; the indictment charges the prisoner with manslaughter, in having performed an operation that ended in death: now there is no evidence of any instrument whatever having been used, neither is there anything like evidence to maintain a charge of manslaughter. I am not aware of any principle in law that will sanction such a prosecution as the present; for, if an indictment can be supported, in the total absence of all evidence of want of skill or neglect, because an operation has failed, the consequences would indeed be most serious, whether the operation was performed by a regular or an irregular surgeon; and surely it would be most unjust to prosecute a man who might be a skilful and clever practitioner, upon the unsuccessful result of a dangerous operation, because he is not licensed, or fortunate enough to possess the sanction and authority of a certain body in this town. If such a doctrine could be maintained, very many persons in remote parts would be unable to

procure assistance; for who would exercise their best skill, of whatever quality it might be, if, in case of failure, they were to be subjected to an indictment for murder or manslaughter? If a man were to adopt measures contrary to common sense, malice might be inferred; but under no circumstances, except we could suppose that the surgeon wilfully destroyed his patient, could a charge of felony be sustained. It is somewhat remarkable, that there is not a single decision on this point. This must show that all the most eminent lawyers have had strong doubts of the propriety of such prosecutions, and that it was their uniform opinion they could not be sustained. We are not for the first time to be told that operations will fail, but it is too much to say that, because they fail, the parties are to be subjected to a prosecution. What has been quoted from Blackstone is, in fact, a copy of what Lord Hale has said of cases of this description; but the words of his Lordship will not bear a construction unfavourable to the person accused; they go to a direct and opposite tendency. The words of his Lordship are, "If a physician gives a person a potion without any intent of doing him bodily hurt, but with an intent to cure or prevent a disease, and, contrary to the expectation of the physician, it kills him, this is no homicide; and the like of a chirurgion; and I hold that opinion to be erroneous that thinketh, if he be no licensed chirurgion or physician that occasioneth this mischance, that then it is felony; for physic and salves were before licensed physicians and chirurgions, and, therefore, if they be not licensed according to the statute of King Henry VIII., they are subject to the penalties in those statutes, but God forbid that any mischance of this kind should make any person, not licensed, guilty of murder or manslaughter." Cases may and do occur, where the parties recover damages, in a civil action, for unskilful conduct; but God forbid that any person, under such circumstances, should be subjected to an indictment for murder or manslaughter; for, in that case, many would die for want of help, the helpers well knowing, that if they failed, they would be liable to such an indictment. I do not mean to impute to Mr. Lloyd any unskilfulness; although it has been admitted, that an operation which he had performed

had failed, that operation might have been performed most skilfully; yet you have heard that there was a difference of opinion respecting it; that it had been a sort of *ex-ata qnestio* in the profession, but that difference of opinion might, probably, have arisen more from the situation of the patient, and as to the time of performing it, the woman being in a state of pregnancy, than from any unskilfulness. Surely, surely, Gentlemen, there can be nothing so dangerous as to say that a person should be subjected to an indictment, when an operation unfortunately miscarries. In the present case, there is not any evidence that the accused has done otherwise than exercise the greatest skill and act to the best of his judgment."

His Lordship concluded by saying, "I am of opinion, that there is no ground for supporting the offence of manslaughter, and that there is not the slightest imputation cast upon the gentleman at the bar. Your duty, therefore, will be, to find a verdict of acquittal."

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*The Study of Medicine.* By JOHN MASON GOOD, M.D. Containing all the Author's final Corrections and Improvements. Third Edition, with much additional Information on Physiology, Practice, Pathology, and the Nature of Diseases in general. By SAMUEL COOPER, Surgeon, Author of the Dictionary of Practical Surgery, &c. In 5 vols. 8vo. London. Underwoods. 1829.

THE first edition of the "Study of Medicine" was published in 1825. Soon afterwards a second edition was demanded, and, we believe, has been out of print upwards of a twelvemonth; the gifted author was far advanced in his labours in the revision of his work towards a third edition, when death, after a protracted illness, deprived the profession of one of its brightest ornaments.

Mr. Mason Good is the author of many works celebrated for their learning, copiousness of information, and great utility; but the work which, before the appearance of the present, had obtained for Mr. Good, as a medical writer, the greatest renown, was his *System of Nosology*. It

was published in the early part of the year 1817, and entitled "A Physiological System of Nosology, with a corrected and simplified Nomenclature," and it is a question, whether the *System of Nosology* is not the pillar by which the author's great reputation will hereafter be mainly supported. It is, unquestionably, one of the most scientific works that ever issued from the medical press. The most valuable and useful parts of that publication are now incorporated in the "Study of Medicine." In fact, the *System of Nosology* forms the basis of the "study," and governs the scientific principles of the whole work. Mr. Good was a man of the most extensive acquirements in literature, and of very considerable experience in practical medicine. He was well versed in the ancient and modern languages, and as a GENERAL PRACTITIONER, was actively and lucratively engaged in the duties of his profession, until a few years before his death. Hence the author has been enabled to say in his preface, with much truth, that "whatever may be the theory or the practice advanced in these volumes, he has left nothing upon trust, but has supported or illustrated his assertions by authorities, which have been given with some degree of copiousness, from ancient as well as modern times; so, indeed, as to render the work, in a certain sense, a summary of the general history of medicine, in most ages and countries." Thus the "Study of Medicine" presents a happy combination of deep research, extensive learning, and practical experience.

So great was Mr. Good's reputation after having written his *Nosology*, that the London College of Physicians was not only jealous, but even alarmed at seeing a GENERAL PRACTITIONER so much honoured.—And, we believe, a by-law was suspended, in order to stigmatise Mr. Good with the title of DOCTOR, and to deprive the GENERAL PRACTITIONERS of one of the most learned of their body. We have heard that Mr. Good heartily lamented having fallen into the trap which was so cunningly laid for him; and, at last, despised a title which was worn by thousands of routine and college idiots, and which he well knew had been conceded to him at the shrine of envy, bigotry, and prejudice. Doctor, therefore, in reality, he was none—we cannot

admit that he was so far disgraced, and certainly no great alteration could have been effected in his acquisitions, by his taking a walk from Guildford Street to Warwick Lane, and there kissing the great toe of Sir Henry Hallford.

The present edition of the "Study of Medicine" is edited by Mr. Samuel Cooper, than whom there is not to be found a man better qualified for the task. To a scientific knowledge of his profession, great learning, and industry, may be added, inflexible integrity—a combination of no small importance in editing such a work as Mr. Good's. The additions to the text and notes by Mr. Cooper, as may have been expected, are numerous and valuable, and the entire work merits our most unqualified recommendation. The surgeon whose library contains Good's Study of Medicine and Cooper's Surgical Dictionary, need look around him for little more that is either scientific, useful, or practical in any branch of his profession; but, probably, a certain periodical, that we could name, would render the collection still more complete.

Of five such volumes as compose the "Study of Medicine," each of which extends to between six and seven hundred pages, it is impossible to give any analysis. The work consists of four parts, or divisions; first, physiology; second, pathology; third, nosology; fourth, therapeutics. We cannot conclude this notice without expressing our regret, that the editor did not attach to the work a brief sketch of the author's life, which we are sure would have been highly amusing and acceptable to the whole of his readers. In another edition we hope this hint will not be forgotten.

The following preface to the present edition is characteristic of the modesty of the editor:—

"When the learned and very distinguished author of the 'Study of Medicine,' much to the regret of every lover of talent and worth, went to 'that hour from which no traveller returns,' he had already advanced a considerable way in preparations for the present edition. This was so much the case, that he had revised all the five volumes, and introduced into them a great number of observations, tending to augment their utility and correctness. Various parts of the work, however, still demanded further attention, and none more so than its surgical

articles. The author's bad health had, indeed, materially interfered with his laudable and anxious wish to bring the corrections down to the latest period, and to omit nothing that was new, and, at the same time, truly valuable.

"In the humble attempt which I have made to improve a work, already honoured with extensive approbation and high reputation, my chief fear has been, that of exceeding the bounds within which every discreet editor ought to confine himself. On this account, I have not presumed to encroach much upon the author's plan, which, whatever may be the defects in its execution, rests upon a solid foundation, and has the pleasing recommendation of originality. But although, with few exceptions, the arrangement of the subjects treated of has not been changed, I have sometimes ventured to express reasons for thinking some of them misplaced. With the same frankness I have also stated the considerations which have now and then inclined me not to adopt precisely the views entertained by the author on certain points in physiology, pathology, and the treatment of diseases. As far as my knowledge extends, no celebrated writers on medicine have yet been able completely to avoid hypothesis; and if the present author occasionally soar into the regions of conjecture, he has only imitated all the greatest of his predecessors. For such flights every man conscious of the difficulties of medical science, and aware of the zeal, perseverance, and active mind of the late Dr. Good, will readily find an excuse. If the general tenor of his book be good; if, indeed (what seems to me to be the fact), it be so excellent, that no other modern system is, on the whole, half so valuable as the 'Study of Medicine,' its imperfections will be indulgently disregarded by every liberal critic, and its genuine merit warmly admired."

In closing this address, Mr. Cooper adds, that the new matter, which he has incorporated in the text, is so marked, that the reader will perceive the passages for which the editor's character is responsible.

#### DISEASE OF THE STOMACH AND BOWELS.

By GEORGE EVANS, Esq., Kent Road.

SIR,—The following beautiful specimen of gastro-enteritis, disease of the womb, obliteration of the ileo-cæcal valve, and re-union of the intestines, considered with reference to the obscure symptoms which such extensive disease presented during life, may, perhaps, "although derogatory to the dignity of the "heads and pures" to

notice,) be a subject of interest to the "tails and subordinates."

On the 5th of June, Mr. J. L. Ion, surgeon, New Cut, Lambeth, was called to Mrs. Thorton, Waterloo Road, a rather spare subject, aged 34. Complained of acute, though circumscribed pain in the epigastrium, not increased by pressure; no tension or preternatural sensibility evinced, by placing the hand on any other part of the abdomen; great irritability of the stomach, with eructations and nausea. Bowels constipated since the 3rd, and urgent tenesmus; the pulse ranging between 76 and 80; tongue white, but clean; skin cool. The irritability of the stomach being relieved by a few grains of opium administered at intervals, suitable aperients were given without effect; twelve ounces of blood were abstracted from the arm. Recourse was had to the warm bath, laxative enemata; which treatment was repeated on the 6th, but with no better success, the symptoms continuing the same.

On the 7th, at 3 p.m., profuse alvine discharges came on, when the patient expressed much relief. The following morning, however, exhibited a striking change, indicative of the near approach of dissolution. The pulse had risen to 140, small, and intermitting; great anxiety of countenance; breathing laboured and stertorous; extremities quite cold. All efforts to rouse the sinking energies of the system by stimulants were unavailing. The patient lingered till twelve o'clock, when she died.

*Post-mortem examination 50 hours after death, by Messrs. Ion, Wood, and Evans.*

Nothing particular presented itself upon a superficial view of the body, which, excepting that the breasts were emaciated, was well-formed and conditioned. The usual crucial incisions having been made, the integuments dissected, and reflected back over the thoracic and abdominal parietes, the muscles were divided at their insertions into the linea alba, the peritoneum cut through, and omentum exposed, which presented nothing remarkable. In consequence of extensive adhesions of the transverse mesocolon, the result of an acute inflammatory process, some difficulty was experienced in tracing out the duodenum, which was found most minutely injected, very extensive, and deep red patches, occupying the whole of the small intestines, from the pyloric valve to the caput coli. The ileo-cæcal valve was found nearly obliterated, and the mesentery highly inflamed. A ligature being placed on the duodenum, at the distance of two inches from the pylorus, another at the cardiac extremity of the œso-

phagus, the stomach was cut into, from which a dark-coloured fluid escaped, evidently of a fecal character, the villous coat exhibiting throughout an appearance approaching to gangrene. The large intestines were filled with a serous effusion, but in other respects quite healthy. A considerable quantity of sanguineous fluid was discovered in the cavity of the pelvis. The womb was filled with purulent matter; the mucous membrane of gangrenous appearance. Ligaments highly vascular; fallopian tubes very flaccid, and ovaries perfectly atrophic. The liver and contents of the thorax natural.

I have invariably observed wasting of the mammae consentaneous, if I may be allowed the term, with affections of the uterus.

Tenou Street, June 19th, 1879.

#### EFFICACY OF IODINE IN BRONCHOCELE.

*By P. F. BELLAMY, Esq., Surgeon, Lyme Regis.*

IODINE, it is true, cannot be termed a new medicine; but still doubts of its efficacy, and prejudices against its employment, I believe, are yet existing. I have seen it employed most beneficially in chronic glandular enlargements; and among the number of cases which I have observed, the following, which came under my own immediate treatment, not only proves this statement, but may, perhaps, excite some degree of interest, and induce some one or more of my professional brethren to make further observation, before they declare it altogether inefficacious, or deem it of little service. Eliza Niblett, twenty years of age, a native and inhabitant of the West End of London, had, for five years, a bronchocèle affecting the whole of the thyroid gland, and, by measurement, the neck exceeded nineteen inches in circumference. The lobes of the gland had a firm but spongy feel, the larynx was somewhat softer, and the right lobe was larger than the left. Many remedies had been tried for its removal, but the tumour had gradually increased from her fifteenth year till it gained its present size, and it had been stationary for a considerable period. Her health was, generally speaking, good. The treatment was premised by the use of an aperient, which was occasionally administered during the cure. I then gave her ten drops of a tincture of iodine three times a day, and the dose was increased two drops every third day, until it amounted to thirty drops for a dose. The impression made by this was very slight, indeed scarcely perceptible; and as the medicine nauseated, it was discontinued for a few days. Twenty drops were then again given, three times a-day, and the dose was gradu-

ally increased as before; in addition to which, an ointment of iodine was rubbed in briskly every night for a week, when it produced a slight redness of the integument, and its use was intermitted for a day or two, and again resumed for much longer period. The tumour, however, did not decrease; and conceiving that the use of some application of a more stimulating nature might produce the absorption of the iodine, I combined an ounce of tincture of iodine with half an ounce of the strong liniment of ammonia, of which a drachm was rubbed in every night for four nights successively, when a redness of the integument was produced, and its use discontinued for two days; after which the same quantity was rubbed in nightly, and continued till it produced so great a tenderness of the part, that the patient could no longer bear the friction necessary for its application, when it was again discontinued. The inflammation having subsided, the decrease of the tumour was very evident, the neck measuring an inch less in circumference. The tincture had been continued regularly up to this period. The use of the liniment was again resumed, and occasionally intermitted and repeated as the part indicated, until she had used four ounces, when it was altogether discontinued. Her stomach now refused the regular dose of the tincture, and she only took occasional doses, and, after a time, its use was also withdrawn. She had now been taking the medicine for eight months, and the tumour was so much reduced, that her neck measured an inch and a half less in circumference than when she first consulted me. About four months afterwards I met her, and was much pleased to learn that the tumour had altogether disappeared, and that a perfect cure was effected. Her neck now measures but fourteen inches in circumference. The origin of the disease was attributed to sleeping very frequently in a current of air, at which time she used to complain of a sensation of cold in the throat in the morning. She never had an attack of acute inflammation of the gland. The largest dose of the tincture which she took was sixty drops, but it produced nausea, and a slight heat of the fauces. The liniment left a dirty yellow appearance of the skin where it was applied, but this was eventually removed. The most remarkable feature of the case is, that the action of the iodine appears to have influenced the system; after its use was discontinued. The tincture I employed was made by dissolving forty-eight grains of iodine in an ounce and a half of rectified spirit. The ointment was made, by mixing half a drachm of iodine with an ounce of lard.

June 12, 1822,

# MR. HEAD'S CASE OF PURPURA HÆMORRHAGICA.

To the Editor of THE LANCET.

SIR,—In the last week's Number of your valuable publication, I perceive a communication from Mr. Head, couched in angry and personal terms respecting the manner I cited his unsuccessful case of purpura hæmorrhagica, as corroborative of the conclusions I entertained of the inefficacy, if not injurious effects, of calomel in that disease. The communication, of the illogical and unscientific nature of the communication (in reference thereto) inserted in No. 194. To the first of those charges (ironically expressed) I beg leave distinctly to deny the intention of insinuating anything detrimental to the professional abilities of Mr. Head, or any of his colleagues, in reference to the case of Paterson; and with respect to the other omissions he complains of, he should refer to the article, and he will find it is an abbreviated one, and therefore not liable to the criticism of style. Had Mr. Head thought proper to request, in a manner becoming an inquirer after facts and the profession we belong to, with a desire for the advancement of science, and a wish to elicit the grounds of my belief in the doctrine I advanced, I would, with pleasure, have given them to him; but rashly and unscientifically to declare he would be deaf to all attempts at conviction, shows an obstinacy of temper not at all creditable to one belonging to a liberal profession; and although I should prefer declining entering into a controversy with an antagonist of the unconvincing inclination of Mr. Head, who seems to have not only a pugnacious and irritable nature, but an awkward tendency to misconstrue and misquote; yet, at some future opportunity, I may be induced to enter more fully on this subject, as I am in possession of cases which will carry conviction to any unprejudiced mind of the erroneous conclusions Mr. Head has drawn, in saying that my premises were "falsely drawn, or only occasional facts." In conclusion, I recommend Mr. Head in future to pause before he enters on a controversy with dictatorial rules, and take unto himself the advice he has so gratuitously laid down for me, and learn the rules of logic, grammar, and gentlemanly courtesy, before he attempts to criticize any production of mine, or be so hasty to quarrel with imaginary grievances.

Relying on the favour of your usual impartiality in giving place to this,  
I remain yours obediently, in haste,  
L. MORRIS.

Islington, June 12, 1822.

## ST. BARTHOLOMEW'S HOSPITAL.

## CARCINOMATOUS BREAST.

ANN BAILLY, *stat.* 44, was admitted May 23, into Faith's Ward, under the care of Mr. Lawrence, with a large ulcerated excavation in the left breast. She is rather short, fat, dark haired, and of a healthy appearance. States, that she was married at the age of 28. In eight years afterwards her husband died, leaving her with one daughter. After that she married again, and is now a married woman. Occasionally she suckled with the breast that afterwards became diseased. Three years ago, she felt a pain in the left breast, which afterwards grew worse, and induced her to go to Guy's Hospital. In that hospital she remained for eleven weeks, Mr. Bransby Cooper in the interim having extirpated a considerable portion of the diseased gland. The wound was not healed when she left the hospital, nor has it closed since the operation, which was performed eighteen months ago. After having been at home with her family some time, she returned to Guy's Hospital for further relief, the wound having rather enlarged, the discharge continued exceedingly offensive, and indurations having become perceptible in other parts of the gland. On a further operation being proposed, she left the hospital, two months having elapsed from her second admission. There is now a deep excavation in the middle of the gland, down to the pectoral muscle, two inches and a half in length. The edges of the wound are turned inwards; the discharge from it very copious and extremely fetid; the lancinating pains very excruciating. The left arm is greatly enlarged, and the glands both in the neck and axilla affected. The right mammary gland is also enlarged one half more than its natural size. Menstruation has always been regular, the patient enjoys good spirits, and an excellent appetite. The only measure to be adopted being that of a palliative nature, Mr. Lawrence has ordered five grains of the extract of conium to be taken twice a-day, with a little jalap and opium at night; also a piece of lint dipped in a lotion, made of liq. op. sed. ʒj. c. ʒij. dist. one ounce, to be kept constantly applied to the wound.

June 1st. Continues much the same. Has been on milk diet, with which she is extremely discontented, and after remaining a few days longer, and receiving continued negatives to her applications for meat or some other solid food, she left the hospital, determined, as her husband was not to be starved to death.

## RUPTURED BLADDER.

Ellen Butler, *stat.* 17, was admitted into Sitwell's Ward, under the care of Mr. Earle, June 17th, with laceration of the bladder, extending into the vagina. The patient is of a fair countenance, has fair hair, of very small stature, and of an extremely juvenile appearance. She states, however, that she has been married twelve months, and that a child of which she was delivered, was born five weeks ago. She was in labour thirty-six hours, and at length delivered by the use of instruments, the child being dead. The urine is continually flowing from her vagina, eroding the surfaces, and creating the most distressing irritation.

Mr. Earle, on Saturday, after having removed a small fatty tumour from the dorsum of the nose of an infant, said, it occurred to him that he might make some useful observations on the very distressing case of Ellen Butler. "I believe (he observed) that it very seldom happens, and very seldom indeed where there has been proper management, that rupture of the bladder, extending into the vagina, takes place during parturition; it does, however, occasionally occur, and it is a case which calls for the utmost sympathy, and every possible attention. In the present instance there is destruction of a considerable portion of the bladder, communicating with the vagina. The patient is only 17 years of age; it was her first pregnancy, and, in all probability, she may now feel that she is rendered excessively offensive to herself and others for the remainder of her life. You can easily conceive how dreadful is the situation in which she is placed, the urine, continually flowing through the vagina, produces acrid and excoriated surfaces to a considerable extent, which invariably is the result where cases of this kind are neglected, as the present has been. The whole of the labia and nates are excoriated, and the parts around so excessively tender, that even the slightest touch is a source of the utmost dread to the unfortunate patient. I have said, Gentlemen, that such cases seldom occur. In the course of two years, however, no less than 19 cases have come under my own knowledge; several I have seen personally, and others I have had communications upon with individuals under whose care they have been. Now that one individual, in two years, should have met with nineteen cases, may lead to the impression that such distressing cases are not so uncommon as has, by many, been supposed. In all the cases, where I have been able to collect proper histories of them, it has seemed to me, that by allowing the lead to rest too long, in the passage through the pelvis, against the bladder, and not

with proper section emptying the bladder with a catheter, the injury has been produced. This female was in labour 36 hours, which you will say is no very unusual time for a first labour; but still I am convinced that here the head was suffered to remain too long in the passage. She was delivered with instruments, and a doubt may arise in your minds, whether the accident was not rather occasioned by the use of the instruments than by the pressure of the head against the bladder. In the majority of cases you may conclude that it results from the pressure of the head; and, in these days, when we are so often carried into courts of justice to answer for our deeds, (laughter,) it may become a question for you to answer, whether the rupture of a bladder has been caused by the improper use of instruments, or by the pressure of the head of the fetus against the bladder. In one instance out of the 19, to which I alluded, undoubtedly the rupture took place by the use of the crochot, and in that case incontinence of urine immediately followed delivery. In most cases where this accident takes place, patients perhaps are not able to retain their urine, but they are not aware of any injury, except they begin to suspect it from the horrible factor produced, until the slough, and generally great portions of the vagina and bladder, come away. At first it opens, probably, at one side, and then a considerable quantity of the bladder and vagina come away, very thickly incrustated with calculeous matter. This incrustation of calculeous matter has led to the supposition, that a calculus existed in the bladder before labour, and that the rupture was occasioned by the pressure of the head against the calculus. But I am of opinion, that this is altogether an erroneous supposition; I think that this deposition of the salts of the urine becomes attached to the parts in consequence of the sloughing sides of the mucous folds of the bladder. The moment a part becomes deprived of vitality, that moment it becomes and acts as a foreign body; and in all these cases, to the sloughing surfaces the salts of the urine become thickly deposited, and become a great aggravation of the sufferings of the patient. You can easily suppose that a hard, gritty matter, on the sore edges of so highly a sensible part as the vagina, must greatly increase the pain the patient endures. These distressing cases, when once they have arrived at a considerable extent, admit of very little palliation—cure, I regret to say, there is none. This is so certain, that in many cases patients have been entirely abandoned. But it is to rouse a spirit in you not to abandon cases of this kind that I am particularly anxious to address you to-day, because I believe, that by dint of great exertion, and the utmost atten-

tion, they may be very greatly relieved, and the suffering of the patient alleviated. I grant they are the most difficult cases in surgery to treat, and the principal difficulties presenting themselves to a successful treatment, I apprehend to depend upon the situation at which the bladder may have sloughed, the influence respiration has over the bladder, the continual trickling of the urine, and the law of nature that forbids the union of mucous surfaces. Where the separation occurs beyond the ureters, near to the fundus of the bladder, I believe such cases will admit of permanent cures; when, however, that portion of the bladder, situated between what I may call the vesical orifice and the extremities of the ureters, has sloughed, I believe the case to be irremediable. Considerable light was thrown upon this by the case of a poor Irish woman, who came into this hospital about two years ago with a slough in the bladder, in this situation; she had an attack of peritonitis, and died in 24 hours after admission. The post-mortem appearances were very interesting, of which I had a drawing taken, and which I shall show to you, explaining the different parts. The mouth of the uterus was completely closed by an inflammatory process; it was just that period at which menstruation should have taken place, and the uterus, on being cut into, was found to be filled with the menstrual fluid, which could obtain no exit, and the peritoneal inflammation seemed to have been most violent immediately over the uterus." Mr. Earle then proceeded to exhibit and explain the different parts of the drawing, and to state, for the encouragement of those who heard him, that in two cases he had succeeded in performing a complete cure where the sloughs had taken place near to the fundus and opening of the ureters into the bladder. The mode of operation was the closing of the fistulous opening, by paring away the diseased edges, by doing so by very, very little at a time; for there was no possibility of performing an operation of this kind at once, or within a short period. In one of his patients there were two openings into the bladder, and by one operation he succeeded in getting the wound healed, the other wound, which was much less than the former, he did not succeed in closing until after the patient had submitted to thirty operations. The second patient was one on whom Baron Dupuytren had no less than twice employed the actual cautery without success. She did perfectly well, and had three children afterwards. The treatment by actual cautery he did not understand the rationale of, nor should he be induced, on any occasion, to try it, as he believed it to be not only useless, but injurious. Great relief was ob-

tained by an elastic gum pessary, constructed so as to be kept in the vagina, and appended by a silver instrument to a band round the waist; in very distressing cases, where scarcely even a palliative was to be had recourse to, some little relief might be obtained by the pressure of bandages, or napkins. In the case now in the hospital, he had examined the patient once, but it gave her so much pain as to have caused him to abandon his attempt without having arrived at any very satisfactory conclusion as to the precise seat and extent of the injury; but he was very much afraid that the slough was of that portion of bladder between the vesical orifice and the opening of the ureters into the organ. He trusted that gentlemen would give every attention to this case; and on all occasions, wherever there was the least hope of affording relief in such cases, that they would exert themselves to the utmost, nor be discouraged by many failures.

### ST. THOMAS'S HOSPITAL.

DANIEL DOWNH admitted into George's Ward, No. 14, on the 14th of May, under the care of Dr. Elliotson, with intermittent fever; the paroxysm of which comes on every Thursday and Sunday, but has constant headache and thirst, even in the intermediate days. He is fifty-five years of age, a native of London, but is generally travelling (as a pedlar) through Kent, and the neighbouring counties. Tongue white; bowels regular.

When visited by Dr. Elliotson on the day of his admission, (Thursday,) it was found that the rigour was just then coming on.

Ordered of tincture of opium forty minims, and ten grains of calomel, to be taken immediately. Sulphate of quinine ten grains three times daily.

15. States that the paroxysm, yesterday, was more slight, and continued a shorter time than it usually does. Pain in head, and thirst not diminished. Pulse 84, full, but compressible. Continue the quinine.

17. The paroxysm of ague came on this morning (Sunday) as expected. Says the attack was not so severe as usual.

21. (Thursday.) Had an attack this morning, but comparatively slight. the thirst and headache nearly gone. Continue sulphate of quinine.

24. Missed the paroxysm this morning; has lost all thirst and headache, tongue more clean; pulse 62, soft, and compressible.

26. Had an attack yesterday (Monday) morning more severe than any since his admission. No headache nor thirst; tongue clean. Give the quinine every six hours.

June 1. Has not had any return until this morning, when he had a very slight attack.

8. Says he had a paroxysm this morning, the whole of which lasted about thirteen minutes; feels perfectly well, excepting while the fit lasts.

Presented to go out on Thursday with medicine for a week, and desired to come to the hospital if he should have another paroxysm, but has not been since.

It was remarked by Dr. Elliotson, that this case illustrates the fact, that the sulphate of quinine may be given without inconvenience, and with its usual good effects when there is no perfect intermission, but a constant degree of thirst and morbid heat; and that as the paroxysms occurred on Sundays and Thursdays, the case was really one of double octan; and as the medicine operated beneficially, it then became a single octan; the Thursday's paroxysm ceasing, and the Sunday's paroxysm being postponed to Monday.

St. Thomas's Hospital, June 17.

To the Editor of THE LANCET.

SIR,—On looking a few days since into a case-book (one of which Dr. Elliotson keeps in every ward for the pupils to refer to) is the following case of epilepsy, which I had watched with some interest while in the hospital, and I was gratified at seeing some remarks in Dr. Elliotson's writing. Thinking they might be instructive, as well as amusing, to many of your readers, and knowing that the Doctor is not one of those who are afraid of their cases or opinions going before the world, I have taken the liberty of copying the whole for insertion in your useful periodical,

And am, Sir,

Yours obediently, X.

### EPILEPSY.

Caroline L. Kigan, twelve years of age, was admitted April 2, into Queen's Ward, No. 3. Had an epileptic fit eight years ago, and, it appears, a few weeks before had been frightened by her brother, and fell down stairs, by which she broke her left arm: an interval of three years occurred before she had another fit; then she had one at the expiration of ten weeks, and another in nine weeks after the last, since which they have occurred pretty regularly about once a month until within the last year, when they have been gradually increasing in number, so that now she sometimes has as many as ten in the 24 hours, but frequently passes two or three days without one. If, however, she is as long as four or five days without an attack, they recur more

violently, and at very short intervals afterwards. She has not the slightest warning of their approach, being sometimes taken suddenly whilst talking and laughing. When a fit comes on she struggles violently for a few minutes, and then falls to sleep, which is often, on her awaking, followed by another attack. Fatuity has been coming on during the last twelve months. Complains frequently of headache, and puts her hand to her forehead when asked where. There is increased heat of the forehead. Pupils large. Two or three stools daily. Pulse 100.

The head to be shaved. Apply twenty leeches to the temples every other day, and take of calomel four grains daily. Milk diet.

April 7. Fits have been very frequent. Bowels open. Continue the calomel, leeches, and lotion.

10. Fits still frequent. Omit the calomel. Fever diet.

14. Appears better. Countenance more intelligent.

21. There is considerable heat of the forehead, and she complains of pain there. Bowels regular. A lotion of acetate of ammonia to the forehead. Apply the leeches every day. Calomel, four grains daily.

May 1. The calomel to be given twice a day.

5. Countenance improved. Is pale and thin. Eight leeches to the temples every other day.

8. Cough and hoarseness. Forehead still hot. Omit leeches to the temples; apply them to the chest, and afterwards a blister. Taken away by the mother.

*The following Remarks, &c., are in the Hand-writing of Dr. Elliotson.*

Though the girl was become fatuous, the feelings seemed not at all deranged; she was neither violent nor desponding; the intellect alone suffered, and the pain which she experienced was confined, accordingly, altogether to the forehead, which was intensely hot, while the rest of the head retained its proper temperature. This was in strict accordance with phrenology, and equally so was a very remarkable case lately in Lydia's Ward. A woman had intense vertigo, causing her to reel from one side of the ward to the other, and extreme pain *exactly and solely* in the situation of the organ of philoprogenitiveness. It appeared that these symptoms were produced by her only child being taken from her by the husband.

Mary Poynton, admitted by Mr. Green for a cutaneous affection, but referred by him (March 84) to Dr. Elliotson on account of the above symptoms. Bled to fainting (twenty ounces); slops only.

27. Was relieved for only a short time. Bled to fainting (twenty ounces).

28. Relief only temporary. Venesection repeated to fainting (forty ounces).

29. Only relieved for a short time, and even severe catchings take place, which almost throw her out of bed. Pulse 108. Bled to fainting, (forty ounces,) and as the effect of the bleeding is of such short duration, to take of calomel five grains every four hours.

30. Relief still was only temporary. Bled to fainting (twenty ounces). Calomel, five grains every three hours.

31. Vertigo, catchings, and pain *in groins; mouth sore*; vomiting and purging. Omit the mercury. Apply a blister to the abdomen, and take two ounces of infusion of catechu every two hours.

April 1. On account of the vomiting being attended with pain on pressure, twenty leeches were applied to the epigastrium; and, on account of the diarrhoea, an opiate anema given. The vomiting and purging presently subsided, but some degree of pain at the same spot (i.e. the organ of philoprogenitiveness) returned, and twelve ounces of blood were taken from the occiput by cupping, which entirely removed it. She remained well till her husband brought her child for a short time, and then took it from her, when the pain again returned, but was removed by ten grains of the powder of mercury, with chalk, three times a day, and a blister to the occiput. The husband and friends now promised to take care of her, and let the child live with her separated from the husband, and she left the hospital, May 13, quite well.

#### GENITAL IRRITATION AND IMPOTENCE.

The following case of irritation of the genitals and impotence, with severe pain at the occiput, was admitted into *Edwards's Ward*, Feb. 18th, 1825. (See *Case Book* for 1825.)

John Martin, *etate* 36, ill one year and a half; married, and has three children. Complains of pain at the occiput, from which it darts through to the forehead, and is exceedingly severe when lying on his back. Vertigo; quite impotent for three months; no turgid, but a constant discharge from the urethra, and a copious oozing almost every night; numbness of hands and feet at first waking, great depression of spirits and strength, sometimes makes a large quantity of urine, at others very little. The same variation as to the appetite; always cold, never sweats; frequent and terrific dreams; very constive; two epileptic fits last summer, preceded by vertigo.

*It often to be put in the nape of the neck,*

*Sulphate of magnesia*, half an ounce;

*Infusion of gentian*, two ounces; a dose three times a-day.

22. A blister to the forehead, to be kept open with savin ointment.

March 5. Repeat the blister; continue medicines.

8. *Calomel*, four grains twice a-day.

11. Had an epileptic fit. Cupped on the occiput. Continue the medicine.

19. Mouth sore, very little pain at occiput.

April 9. Still no pain of head; tentigo yesterday for the first time since admission.

14. Felt quite well, and left the hospital, being very desirous to return to his wife.

#### DELUSIVE VISION.

For the following case of imaginary existence of objects of sight and sound, with pain along the lower part of forehead, see Dr. Elliotson's Case Book for Anne's Ward, June 13th, 1827.

Anne Wilkinson, *etat.* 17, ill one year and a half; pain of forehead chiefly *immudially over the eyebrows*, sees visions of people sometimes in the day, but always when night comes on, and fears to go to bed. Hears noises, tunes, and voices, and says she once held a conversation with them. Sees double and even triple; sometimes thinks she is stepping down a precipice. Sleeplessness, but drowsiness. Catamenia oftener than natural, and profuse. Sixteen leeches to the temples daily; slops only; head to be shaved and kept cold with spirit wash.

July 3. Much better; house physic daily; milk diet.

19. Dismissed well.

#### PHRENOLOGICAL ORGANS.

I a few years ago saw a lady who had two attacks of the loss of memory of names, each lasting three or four hours, and during each there was pain in the orbit above the eyes, *exactly in the seat of the organ of language*. She lived at Mile End, and was a patient of Messrs. Maiden and Elliott.

I lately attended with Dr. Blundell, a young lady who was so distracted with doubt, that it was thought advisable she should be under the charge of a female away from her family. If the door was shut, she would go up to it, and stand looking at the lock, and trying it for many minutes before she could satisfy herself it was fast. If she began washing her face, she would continue washing and rubbing on one side, not satisfied that she had made it clean, and might, therefore, begin to wash the other. If she had passed near any thing that looked like dirt in the street, or trod upon any thing like it on the carpet, she would return and look at it narrowly, unable to satisfy

herself that it was not dirt, and had not soiled her dress. Her doubts chiefly turned upon cleanliness, and she spent nearly all her time in endeavouring to ascertain whether her fingers, dress, &c., were perfectly clean, and was so obstinate in her perseverance, that compulsion was continually necessary to interrupt her. She complained always of her head, and on being asked where the pain was, *invariably placed the points of her fingers over the organ of circumspection and firmness*. At this part also, there was preternatural heat, and the integuments were loose and spongy to the feel.

Many pains of the head are evidently seated in the nerves and soft parts, and external to the cranium; some in the bones, and some in the membranes within; and disturbance of any central function is not, therefore, a necessary concomitant. The most common internal pain is in the forehead at large, and usually attended, as the phrenologist would expect, with heaviness and a degree of stupor. Some affections of the brain may be unattended with pain; but when one particular faculty is affected, and there is internal pain at one spot, we may expect that in most cases the pain and disturbance of function may be connected, and when they are the seat of the pain, will probably coincide with the phrenological organ, as in all the above cases.

#### HOPITAL DE LA CHARITE.

PNEUMONIA, WITH EFFUSION OF BLOOD; OPERATION FOR EMPYEMA, FOLLOWED BY DEATH.

D. LYON, twenty-eight years old, was admitted, after an illness of three weeks, during which time he had been labouring under violent pain in the left side, and great shortness of breath on the least exertion, and had daily a slight febrile attack. On his admission, on the 18th of February, he suffered much from dyspnoea, frequent dry cough, and constant pain in the left side; he was very emaciated, feverish, and unable to lie on either side; on application of the stethoscope, no respiratory sound was heard on the lower anterior part of the left side; on the upper portion it was stronger than usual, ("puerile.") and, on the back, a loud bronchial murmur ("souffle bronchique") was perceptible; on percussion, the left side of the thorax, except on its upper part, gave a very dull sound. He was freely bled, and took saline aperients, but without any effect. Towards the end of February, the dyspnoea considerably augmented; the cough was very troublesome

and painful. On applying the stethoscope to the left side of the thorax, respiration could not be heard; the sound of the voice was very distinctly egophonic; percussion produced a dull sound all over the whole of the left side; on measuring the thorax, the right side was an inch smaller than the left; the heart was more distinctly heard on the former than on the latter, and appeared to be displaced at least four inches. The application of a blister on the chest being followed by no relief, and the dyspnoea having increased so as to threaten immediate suffocation; the operation of emphysema was decided upon as the last resource, and performed by M. Roux, on the 15th of March; a very small trocar was plunged into the middle lateral portion of the chest, between the sixth and seventh ribs; on withdrawing the instrument, a great quantity of bloody serum issued with considerable force; after a few minutes, however, the discharge ceased, and was only renewed when the patient coughed; in this manner about twelve ounces of fluid were evacuated; the patient felt considerably relieved, and the breathing appeared to be easier, although it had been found impossible to prevent the introduction of air into the cavity of the thorax during the operation. The relief which he experienced was, however, not of a long duration; an hour afterwards the dyspnoea had again augmented; he was obliged to sit up, or to lie on the left side; the face was edematous, the pulse irregular and small, &c.; and he died on the following day at two in the afternoon.

On examination of the body, the face and left side of the thorax were found edematous; a small opening having been made in the intercostal muscles of the left side, there escaped a gaseous fluid, which, on bringing a light near it, took fire and burnt with a pale bluish flame; the smell of it resembling sulphuretted hydrogen. The opening of the pleura having been enlarged, about four pints of bloody serum were withdrawn from it; the cavity in which it had been contained was lined with a whitish fibrinous mass, about two lines in thickness, and numerous whitish filaments were seen traversing from the pulmonary towards the costal pleura; the left lung was forcibly compressed, but seemed healthy in its structure; the right was gorged with blood, and in some points hepatized. The heart was found lying on the right side, about an inch distant from the right margin of the sternum; the pericardium contained a great quantity of liquid blood. The other viscera were healthy.—*Journ. Hildomad.*

FATAL CASE OF LEAD-COLIC.

M. MARCHER, *etat.* 32, of a strong constitution, having been employed in a lead-manufactory for several months, during which he enjoyed continual good health, was, on the 3d of May, seized with violent colic pain, which increased during the following days, so that on the 6th he was obliged to enter the hospital. He complained of violent pain, costiveness, cramps in the feet, and slight sickness, but, on the whole, the disease did not appear to have attained to such a degree as to cause any danger to be apprehended, and M. Lermier, under whose care he was, treated him by the usual method.\* The pain and spasmodic affection of the feet eventually subsided; the bowels became regular, and a favourable ter-

\* The "Bureau Central" sends almost all cases of lead-colic to the Hôpital de la Charité. The following is the method, generally called "Traitement de la Charité," by which this disease is invariably treated:—On admission, the patient is ordered a Clyster of the decoction of senna leaves with sulphate of soda (*lavement des peistres*), and to take freely of the decoct. cassia, or sod. tartaric. and tartar. emetic; in the evening, an injection of four ounces of ant-oil and twelve ounces of red wine (*lav. anodin*) is given, and three hours afterwards a dose of opium taken internally. On the following morning the patient takes an emetic, and during the day the following medicine: *liga. guaiac. massacr. sarsapar. cort. cinch. aa. unc. i.; rad. glycyrrh. unc. ss.; coq. r. aq. hb. lli. ad colat. lib. ii.* In the evening the injection of wine and oil is repeated. On the third day he again takes the decoction, to which an ounce of senna leaves is added; in the evening, first the *lavement des p.*, and two hours afterwards the *lavem. anodin*, and internally a dose of opium. On the morning of the fourth day, a decoct. *senn. c. sulph. sod. et pulv. jalapp.*; during the day the tisane, and in the evening the injection of oil and wine, and a dose of opium. On the fifth day the remedies used on the third are repeated, and on the sixth the patient is treated in the same manner as on the fourth, &c. In most cases the pain subsides on the second day, and the patients are generally cured within a week or two at the utmost. If, notwithstanding the use of the above aperients the pain and costiveness continue, the patient takes pills of aloë, extract of rhubarb, jularia, helleborus, and cammonium. The results of this treatment (not a more detailed description of which we refer our readers to Pinel's *Acnologie* and Orfila's *Toxicologie*) are very favourable; of 1,353 patients which, during 12 years, were admitted at the Charité, not more than 64 died.

mination of the case was anticipated, when, on the 18th of May, the pain returned with such increased violence as to produce extreme restlessness, and even convulsions. The above treatment was again employed, but on the 14th furious delirium occurred, and he died on the evening of the 15th.

On examination of the body, a small quantity of yellowish serum was found effused on the posterior surface of the spinal chord in the sacral region; the spinal meninges were considerably injected, and the substance of the chord itself was evidently softened to a very great extent; the anterior portion appeared to be less diseased than the posterior. The substance of the brain, especially its lower portion, was not so firm as usual; the cerebral peduncles, the origin of the optic nerves, and the corpora albicantia, were extremely softened. The lungs had the healthy crepitation, but exhibited some traces of emphysema; the left ventricle of the heart was considerably dilated. In the abdomen, the intestinal canal was found filled with air; the mucous membrane of a yellowish colour, but without any signs of inflammation.—*Lancette Française.*

### HOTEL-DIEU.

#### FRACTURE OF THE STERNUM.

T. FAIRBairn, *etat.* 26, a stout muscular man, who had always been in the enjoyment of good health, was on the 14th of April forcibly pushed between a wagon and a horse, and immediately after the accident was seized with syncope and great dyspnoea; he recovered, however, within a few minutes, and felt well enough to walk to the Hôtel-Dieu, in the neighbourhood of which the accident had happened. An hour after his admission, he was in the following state:—He lay flat on his back; breathing was very laborious; no cough or hæmoptysis; the face was puffed up, the pulse strong, full, and quick; the anterior portion of the thorax being less convex than usual, was raised by the pulsations of the heart with extraordinary violence, and in a large circumference. On examining the sternum, it was found transversely fractured in its lower portion, as appeared from the mobility of the fragments and slight crepitation. He was bled to twenty ounces, and ordered cold applications over the sternum. On the 15th, no material change had taken place; the patient had a slight cough; the respiratory sound was clearly heard all over the chest; the hand placed over the epigastric region was violently raised by the pulsation of the heart, the action of which was distinctly heard at every part of the anterior portion

of the chest; the pulsations were very strong, without any peculiar noise, and in perfect rhythm. The patient declared that he had never been subject to palpitation, and M. Dupuytren was of opinion, that the extraordinary excitation was owing to a real contusion of the heart, perhaps with a laceration of the pericardium. On the 15th of April, the patient having been again bled to twenty ounces, the pulsations were diminished in violence, and the sternum seemed to be not so depressed as it was immediately after the accident. He had a slight cough, and the expectoration was tinged with blood; the pulse was less full, and softer. On the 18th, the patient brought up a considerable quantity of blood, but, on the whole, felt much better; his breath was easier, and the sternum had almost regained its natural form. On the 27th, the depression of the sternum had entirely disappeared, respiration was quite free, and the pulsations of the heart were less strong and extended. They continued for a considerable period, and had not even completely disappeared on the 12th of May, when the patient in other respects was considered so well, as to be able to resume within a week his former occupations as a coachman.—*La Clinique.*

### HOPITAL DE LA PITIE.

#### VARICOSE ULCERS ON THE LEG.—EXCISION OF A SMALL PORTION OF A VEIN, FOLLOWED BY DEATH.

D., a very robust man, about 30 years of age, was, on the 1st May, admitted into the Ward St. Antoine, on account of a large ulcer on the inner surface of the lower portion of the right leg. He had, about five years ago, been kicked by a horse, the wound had very slowly healed, and the cicatrix from it had, six months ago, been again wounded, and assumed a varicose nature. The extent of the ulcer was about two square inches; it was very superficial, but its margin and circumference hard and very tumid. M. Lisfranc ordered the application of emollient poultices; but finding that no benefit was derived from them, resolved upon the excision of a small portion of the vena saphena. The vessel, having been made to swell by means of compression on the upper part of the leg, was laid bare, and a portion of about four lines in length removed by the curved scissors; a considerable hæmorrhage ensued, but was effectually stopped by compression, continued for an hour; the wound was closed, that it might unite by the first intention, and the patient was bled to twenty ounces. During the night after the operation the hæmorrhage

returned from both ends of the vessel, but was readily stopped by pressure. On the morning of the 10th, the ulcer had a less torpid appearance than before; the general health of the patient seemed very satisfactory, but, during the day, the upper part of the wound began to be inflamed; by the immediate application of seventy leeches the irritation readily subsided, but returned on the following day with increased violence, and in a larger circumference, so that in the evening the swelling and redness had extended up to the groin; at the same time the patient complained of headach, giddiness, shivering, and slight colic pain; the tongue was furred, the pulse very quick, &c. Under the application of seventy leeches on the 12th, and of a hundred on the 13th, a slight remission took place; the patient was, however, still very feverish, restless at night, &c. The wound had begun to cicatrize; the ulcer had become more superficial, and of a bright red colour. On the 14th, the inflammation had entirely subsided; the general condition of the patient was also better, except a considerable irritation in the pulse, and great restlessness at night. On the 15th, he was much worse, in high fever, with hurried respiration, and pain in the epigastric region. Of the previous irritation of the limb no trace remained, and the ulcer began to cicatrize. On the 16th the pain in the stomach had augmented, respiration was very quick, the countenance collapsed, and he died on the morning of the 17th.

On examination, the mucous membrane was found inflamed, and the lungs gorged with blood; the vena saphena, from the wound up to its insertion into the external iliac vein, was red, very firm and thickened, but exhibited no trace of suppuration.—*Lanc. France.*

## RACCOON HOSPITAL SHIP.

### GANGRENE OF THE INTESTINES.

GEORGE FARRINGTON, (a prisoner,) aetat. 21, was admitted into the Raccoon Hospital, the 26th of June, 1822; was in the hospital a few days back for some complaints in the bowels and chest, for which he was bled, and had purgative medicines. His complaint, at this time, was pain in the belly, inclining towards the left side. On examination, the abdomen was found to be distended, tense, and painful to the touch; the bowels not relieved for two days; pulse frequent and small; tongue furred; skin hot and dry; violent sickness; and the pain coming on at various times, prevented him from getting any sleep. The belly was

ordered to be fomented three times a day, five grains of calomel to be given in a pill immediately, and a cathartic draught in two hours afterwards, and repeated till the bowels were freely opened; afterwards was to have a diaphoretic mixture, the principal of which was the liq. ammon. acet.

27th. Passed a very restless night; no desire to take any liquid food; the bowels had been relieved in a slight degree, yet not sufficiently to mitigate any of the pains; the countenance anæmic, and expressive of great anxiety. Was ordered two pills of five grains each, and a cathartic mixture repeated; some wine was also directed to be given him at intervals.

28th. The sickness distressed him very much; he can retain nothing but a little wine. The bowels not sufficiently opened, and the pain but little relieved. The fomentations were repeated, five grains of calomel given in a pill, and an enema administered immediately, and repeated in the evening.

29th. The injections brought away a few faeces; the sickness not so violent, so that he could receive a little light nourishment. Fomentations were repeated; pills of calomel and the compound extract of colocynth were ordered; these proved ineffectual; he then had the following:

*Croton oil*, one drop;  
*Caster oil*, half an ounce.

This was repeated three times, at intervals of three hours, without taking much effect. An enema was administered in the evening.

30th. The medicines have given him no relief, the body was immersed in warm water, and the belly rubbed with the hand and oil. Sickness entirely stopped; bowels remained as yesterday; felt a little relieved after coming out of the bath, appeared more composed in the evening. The croton and castor oil repeated.

July 1st. Passed a better night; bowels relieved in some measure, the abdomen still tense, and very tender. The bath was repeated, and also an injection of one drachm of the compound cathartic extract in a pint of warm water.

2d. The pulse varied but little, except getting weaker; had some wine and spirits occasionally; passed several liquid stools, in which were a few faeces. In the evening he appeared easier; croton and castor oils repeated, also an injection of a strong decoction of aloes.

3d. To-day he complained of the sickness returning, and an increase of pain about the sigmoid flexure of the colon. With some difficulty he was able to keep down a little brandy and water; the body was again immersed in warm water. He had the following:—

*Scammony and gamboge*, of each 12 grains, into 12 pills, 2 to be taken every 2 hours.

*Strong infusion of annis*, 12 ounces.

*Sulphate of magnesia*, one ounce and a half;

*Tincture of rhubarb*, half an ounce;

Take three table spoonful after each two pills.

4th. In the morning, pills of croton oil were ordered, and the mixture continued as yesterday, the bath failed in giving him the accustomed relief. We were surprised to find the medicines had no effect; he appeared evidently to be sinking; pulse small and quick. He partook of some brandy and jelly.

5th. To-day he appeared evidently dying; had no sleep; the pulse very quick and fluttering; at ten o'clock he had an anæsthetic draught; at twelve he expired, perfectly sensible, and without a struggle.

#### *Examination 24 hours after death.*

*External appearances*.—Slight emaciation, and the abdomen highly distended. Lungs adhering firmly to the parietes of the chest. On opening the abdomen, pus and fecal matter were found to be extravasated among the intestines and other viscera, having escaped through large sphacelated apertures in the ileum, some of them three-fourths of an inch broad, and one inch in length, of irregular figures; two or three feet of this intestine was gangrenous, but inflammation of no ordinary nature had affected the greatest portion of the alimentary canal. The external surface of the intestines and peritoneum, was studded with warty excreescences, and adhering to each other. Liver and mesenteric glands considerably enlarged; in the cavity of the pelvis there was a considerable quantity of fecal matter.

*Remarks*.—This seemed a dæmoniac case of enteritis ending in gangrene; but of so obscure a nature, that when he first came into the hospital, he received but the ordinary attention that is paid in such cases, the symptoms indicating constipation and a slight pectoral complaint, which were soon relieved. He was of a scrofulous habit of body, and a weakly constitution, he rallied in a great measure, and, at his own request, was discharged. He was cautioned, that if he felt any worse, to make immediate application to us. After a few days he again made his appearance, and was received immediately into the hospital. From the appearance of the belly, it would be easy to suppose it tympanitic. Fæces did undoubtedly pass, and flatus very readily. He never complained of cold shiverings, and it was difficult to mark the time when the gangrene commenced. When he left the hospital the first time, the belly was a little dis-

tended. There was a probability of stricture in some portion of the intestines; the general opinion agreed with such a probability. It is to be regretted, that the treatment pursued was attended with no better effects; yet, had the extent of the mischief been known, it may be difficult to say what course would have been the best to adopt.

G. R. M.—4.

Portsmouth Harbour, June 11th, 1829.

ABIGAIL KEERNY.

To the Editor of THE LANCET.

We have read with astonishment, in your last Number, Mr. J. Clapperton's statement of the case of A. Keerny, we are prepared to make bath, if necessary, that it is false from beginning to end, as a host of respectable witnesses can prove. The poor woman would have been lost but for Mr. Baker's exertions, until near one o'clock in the morning.

We are, Sir,

Your obedient servants,

J. CLEWS, and  
HUMPHRY PEARSON,

The two men who took her out of the water.

J. Clews, 13, Wickham Street, New North Road.

H. Pearson, Cross Street, Hoxton.

The late landlord of the Tiger wanted to send her to the workhouse, but Mr. Baker would not give his consent at that late hour.

#### TO CORRESPONDENTS.

Communications received from Mr. Rich. Laming—N. C. W.—Z. Z.—J. F. C.—Mr. Baker—Juvenis—C. A. D.—C. R.—F. D. H.—Mr. James Wood—Mr. Henry Walters—Mr. T. Williams—Mr. Fielding—A Constant Reader—J. F.—Apotheca.

Will Z. Z. favour us with his name and address confidentially?

F. D. H. We are not aware of any.

We had rather answer the questions proposed by C. A. D. and C. R. personally.

# THE LANCET.

Vol. II.]

LONDON, SATURDAY, JULY 4.

[1880-9.]

## ACCELERATION OF THE CONSTITUTIONAL ACTION OF COW-POX.

By *STAVANUS BAYLISS, M.D.*

*Communicated by DAVID ALKER, Director  
of the Royal Jennerian Society, London.*

Southbury, Connecticut, Feb. 6, 1880.

SIR,—I have the honour to transmit the inclosed documents, stating the result of a series of successful experiments in accelerating the operation of the vaccine virus. It will be seen, that the disease may be produced from twenty-four to forty-eight hours sooner than by the usual mode of inoculation, and, consequently, that persons who have been exposed to the influence of the small-pox too long to be saved by the ordinary course of vaccination, may still be rescued from danger.

During a practice of twenty-seven years, I have vaccinated nearly ninety thousand individuals, many hundreds of whom I have tested with the virus of the variola, and by exposure to the effluvia from the most malignant confluent small-pox, in different stages of the disease, and after death; and I have the satisfaction to assure you, that not one of my patients thus tested has taken the small-pox.

I have frequently sent the vaccine virus by our ships to various parts of the world, and recently have had the pleasure of sending it to a large tribe of Indians, who live beyond the Rocky Mountains, and who were once nearly exterminated by the small-pox. They were wholly unacquainted with vaccination.

As a zealous disciple of the illustrious Jenner, permit me to express the deep interest which I feel in the prosperity of your Society, and in the promotion of its benevolent object.

Any favour transmitted to the care of Dr. Felix Passoles, of the city of New York, would be received and duly appreciated.

No. 305.

In 1804, three children of Mr. McCown, of Stamford, Connecticut, were inoculated for the small-pox from their oldest child, who caught it in what is termed the natural way, in consequence of exposure. The disorder had accidentally appeared in the father, and had produced much alarm. I was engaged at the time in vaccinating on Long Island, but immediately took passage in a vessel for Stamford, hoping to reach the place in season. Unfortunately I was delayed by unfavourable winds, and did not arrive, until three of the children of Mr. McCown had both inoculated with the small-pox two days. The first had died of it just before my arrival. I was then ignorant of the mode of expediting vaccination, but had anxious thoughts of removing the variolous incision, and of substituting the vaccine virus, and have always regretted that I omitted to do it. One of the inoculated children died of malignant small-pox; the other two had it in a mild form.

This and other fatal cases of small-pox, led me to think of some scheme for promoting the action of the vaccine virus, and when persons who had been exposed to the small-pox applied to me, I inserted the vaccine virus liberally in the body and limbs, by broad punctures, and found the process uniformly successful, even when the patients had been exposed for a period of six or seven days before I saw them. I also vaccinated in this manner many persons who, fearing the effect of recent exposure to the small-pox, had been inoculated with it a day or two, or perhaps more, before I saw them, and I uniformly met with the same success. In these instances I was careful to surround the variolous punctures with vaccine virus on every side, and generally had the pleasure to see the latter victorious.

Some persons have suggested, that the happy issue of my experiments is attributable to the vaccine virus operating upon the system more speedily than the small-pox; but this is an error, since every practitioner knows, that the eighth day is the medium period to look for the symptoms of both diseases.

2 E

**CASE 1.—Stamford, Connecticut, July, 1804.**

Ebenezer Carter, about six years old, had been exposed to small-pox. I vaccinated him by two broad punctures on each arm, and inserted in them, from different pustules, vaccine virus, sufficient to inoculate a dozen persons in the ordinary way. Four perfect pustules formed, and on the eighth day, instead of the tenth, I was agreeably surprised to find a beautiful red areola around each pustule.

**CASE 2.—Bridgeport, Connecticut, May, 1816.**

A seaman, recently shipwrecked, and taken up by the captain of a vessel bound homeward from the West Indies, was inoculated with the small-pox by the captain, two days before his arrival. I made ten punctures on his arms, breasts, and other parts of his body, and charged them profusely with active vaccine virus. The pustules soon appeared and overpowered their opponents. The scabs were dry, and some of them had fallen from the punctures made by the captain and myself, by the thirteenth or fourteenth day after the vaccination.

**CASE 3.—Pittsfield, N. H., 1808.**

Isaac Williams fell sick of the small-pox, and exposed his whole family; no vaccine virus could be procured, and the burning skin of the sick man afforded no pustule from which to inoculate. Before I arrived, however, the pustules on Mr. Williams had come to such a state, that Mrs. W. and the whole family were inoculated. A few hours after, I vaccinated Mrs. W. by two broad punctures on each arm, and charged them well with active vaccine virus. No symptoms of small-pox appeared, except a small variolous incision on the hand; but this speedily dried up, after the efflorescence appeared around the vaccine incisions, and Mrs. W. was able to attend on her husband, who died in a few days.

**CASE 4.—At the same time and place.**

Elam Williams, son of Isaac Williams, after being inoculated with the small-pox, was vaccinated by me; I inserted the vaccine virus in three punctures on the right arm, two on the left, one on each breast, two on each thigh, and one within one-fourth of an inch of the variolous puncture on each hand. All of them took effect, and overpowered the small-pox, and the patient was constantly able to attend his ordinary business.

**CASE 5.—At the same time and place.**

Eunice Williams was inoculated as before mentioned, for the small-pox, and afterwards vaccinated. I made two broad punctures

on each arm, and one within one-fourth of an inch of the variolous puncture on the hand. The scabs of the two punctures on the hand united, and adhered to each other when they fell off; but the vaccine scab was twice as large as the other. No symptom of small-pox appeared.

**CASE 6.—At the same time and place.**

Roxana Wheeler was inoculated with small-pox matter in both hands, and afterwards vaccinated in the manner stated in the last case. The issue was the same.

In all these cases the patients had been long exposed to small-pox before inoculation and vaccination, and they were in an infected atmosphere six weeks, from first to last, during the different stages of a case of confluent small-pox, and actually had the matter of small-pox produced in their hands.

**CASE 7.—Bristol, Vermont, 1815.**

Mr. and Mrs. Hardy, who had been exposed a week to small-pox, and had been inoculated with it about forty-two hours, were vaccinated by me. I made fourteen punctures on different parts of the body along the collar-bone, and limbs of each. The small-pox was entirely superceded, and the patients, with fourteen vaccine pustules each, exhibited a good state of health, and nursed and took care of fourteen persons labouring under the small-pox, without experiencing that disease in the smallest degree.

**CASE 8.—At the same time and place.**

Mrs. Packard had been exposed to the small-pox nearly a week, and had been inoculated for that disease two days. I inserted the vaccine virus on all sides of the variolous puncture, at the distance of about an inch; I even opened this puncture, and inserted the vaccine virus; and made two punctures in close contact with it, and charged them liberally with vaccine matter. The small-pox did not appear. The scab on the variolous puncture was of a doubtful character, half variolous, half vaccine.

**CASE 9.—At the same time and place.**

Minerva Morse, eight years old, had been exposed to small-pox, and inoculated about forty-eight hours, and the inoculation had evidently taken effect. I inserted the vaccine virus by several punctures, and charged them highly. One puncture was made near the variolous puncture. The vaccine virus took the lead. The variolous was much smaller than its neighbour, and appeared near the margin of the efflorescence as if beaten, and retiring from the combat.

Some instances occurred in this town, in which the vaccine matter was used sparingly, and the small-pox prevailed,

CASE 10.—*Stamford, Connecticut.*

Two little girls had been exposed to small-pox, and inoculated two days. I was prevented, by the false tenderness of their grandmother, from making a sufficient number of punctures, and the children both lost the small-pox.

CASE 11.—*East Windsor, Connecticut, 1817.*

A young lady, who had been exposed to small-pox about a week, was vaccinated by several punctures on the shoulders and near the breasts. She was much alarmed, and with good reason, but the experiment was completely successful.

## CASE 12.

Mr. Courien had the usual small-pox. His wife and children had been exposed to the infection about a week, when they were vaccinated by numerous punctures, with little hope of success. About a week after vaccination, the small-pox pustules appeared on the faces and persons of the mother and children; a number of fine vaccine pustules were produced, and exhibited their usual bright appearance; a sharp conflict ensued, and, to the astonishment of every one, the small-pox pustules suddenly vanished; and although Mrs. Courien, a few days after, became the mother of a lifeless infant covered with small-pox, yet neither she nor her children suffered much from that disease.

CASE 13.—*Wethersfield, Connecticut.*

A young woman, who had slept with a child full of small-pox, of which it died, was saved from the disease, after exposure for a full week by expedited vaccination. An elderly lady, who had been exposed to the same child in a similar manner, was also vaccinated successfully.

## Twenty Cases at Falmouth, Mass. 1817.

The small-pox was brought into this town by one of its inhabitants from New York, but the disease was so mild, that it was at first mistaken for chicken-pox, but it gradually assumed a serious aspect. A messenger was sent to Boston for the vaccine virus, and another messenger was sent to me at New Bedford, where I happened to be engaged in vaccination. My assistant, Mr. Stebbins, went immediately to Falmouth, and found that one-hundred-and-sixty exposed persons had been inoculated for the small-pox; but twenty persons had been so long exposed, that it was deemed inexpedient to inoculate them. Mr. Stebbins inoculated the whole of these twenty individuals with vaccine virus liberally inserted in numerous punctures, and was entirely successful in every case. They were able

to attend upon their sick friends at the Small-pox Hospital.

From the preceding cases, it is apparent that vaccination in the usual manner has been ineffectual in cases of long exposure to the small-pox; or inoculation for the small-pox, a few hours previous to vaccination. Vaccination liberally applied by numerous punctures is alone efficacious in such cases. I have no doubt that the small-pox may be expedited in the same manner as the vaccine disease.

If any professional gentleman should be incredulous as to the practicability of expediting the vaccine pustule, he may convince himself by the simple experiment of vaccinating a person who has not had the disease in two different places on the arm, one with a broad-pointed lancet, and the other with a spear-pointed lancet; charge the former profusely with virus, and the other slightly; the large puncture will progress faster than the small one; its stage of development will be shorter than usual, but the small pustule will still precede until the efflorescence begins around the large pustule, and then the small pustule will exhibit the fanciful appearance of a satellite to a full grown pustule. The scabbing processes will take place together, and the smaller will resemble the secondary pustule on a person who has once had the small-pox or line-pox.

The experiments which I have stated will appear to be confirmed by the accompanying letters from Drs. Fossales and Smith.

I am, Sir, with much respect,  
STEVENS FANSHEN.

To Andrew Johnstone, L.L.D.  
Reg. of the R. Jen. Soc. London.

New York, Sept. 20th, 1836.

DEAR SIR.—I am sorry to observe, that the documents inclosed in your letter were perfectly unknown to me, and they are pretty much so in our city, nor did I ever hear that your proceeding, so well calculated to hasten the constitutional action of the cow-pox, had been known or used in England or France, yet I took great part in our controversies on investigations of various points of pathology relative thereto in 1814, and also two years ago, as you will see by a few printed sheets, which I take the liberty to present you, and duly deliver at the post-office; it is, therefore, my opinion, Sir, that you are not only fully entitled to the honour and merit of a safe and simple process to out-general the small-pox, as you properly say, but that the same is the more physiologically correct; and that it coincides with that of Dr. Brice, of Ireland, whose book was published a few years after the introduction of vaccination. In order to test the constitutional operation of the disease, he ad-

vised that an insertion of the virus be made several, or many times, after the first and each day; it would happen, that the first, constitutionally acting on the system, would have the power of accelerating the more repeat ones, all at once and simultaneously, showing thereby, that there had been a constitutional power, and capable of hastening into a well-formed pustule those that were, by many days, more recent than the operative and leading ones. But if such a phenomenon takes place in one case, it must naturally be inferred, by a law of nature, that many insertions of the virus, practised on the human body, can have the power of shortening the period of the formation, and hastening that of the pustular termination. I need not observe what opinion must have been formed of the inverse results of various, or many insertions, that is, if the last insertion had been the only one transformed into a pustule; the conclusion then must be, that the former vaccinations had been inactive in the constitution. The book of Dr. Brice is not now under my hands, but I am, I believe, pretty correct in my statement of his doctrine, as well as in my inference, that if a constitutional eruptive affection commands the points of insertion of virus for pustular eruption, the same points must command to a constitutional preservative, idiosyncrasy, &c., and *consequently the small-pox.*

You will excuse my unfashionable and hasty letter, and, dear Doctor, think that I feel myself much honoured by your epistolary and professional request. Closing, besides, with my best wishes for your health, your acceptance of my cordial and respectful sentiments.

FELIX PASCALIS, M.D.

To Dr. S. Fanster.

Newhaven, February 19, 1826.

Having been an eye witness to an experiment made on four persons to accelerate the progressive stages of the knee-pock, and force it to an earlier crisis than usual, by Sylvanus Fanster, in which he succeeded in saving them from the contagion of the small-pox from four to five days previous to vaccination, and had also been previously inoculated with the small-pox infection,—I therefore feel it incumbent on me to state, that I consider it an important improvement, and calculated to give relief in certain cases where the common practice would fail.

The plan of inserting the vaccine infection in many places, and thereby hastening its progress, as far as I know, originated with Sylvanus Fanster.

NATHAN SMITH, Professor of  
Physic, Yale College.

#### ON VACCINATION.

By RICHARD LAMING, Esq., London.

I wish to direct the attention of the profession to a case, adduced by Mr. Leeson in *Vol. 308 of THE LANCET*. A child was vaccinated with a view to protection against the contagion of small-pox, to which it was at the time imminently exposed. The operation "succeeded to all intents and purposes," so as to produce "a fine specimen" of cow-pock; yet, notwithstanding, on the ninth day the patient sickened with variola, which "ensued with such severity, that recovery was for some days doubtful."

If the result of this case be well corroborated by similar examples, it will go far to prove, that it is not necessary to failure, that the vaccine virus should be in any manner defective; but that there are certain states and conditions of the system, incompatible with the benign agency of even pure vaccine matter, and during which, the operation should not be performed or depended on. That the matter employed was good, is shown by the result of its application to the second child, who "escaped small-pox" under circumstances certainly not of mitigated danger, having been impregnated from a system then under the influence of variola.

It may be conjectured, that the insertion of the virus by Mr. Leeson had not preceded variolous infection a sufficient length of time (eight or nine days) to pervade the system in an effectual manner. But I recollect a case which occurred in my own practice in the year 1822, which forbids my coming to such a conclusion. The child to whom I allude, was sickening when I first saw it, with variola, communicated from another and elder sister, neglected and dying with the disease. No time was lost in subjecting it to vaccination; and although in due time both diseases perfectly obtained, the number of variolous pustules did not probably exceed a dozen, nor was the child for a single day rendered incapable of amusing itself on the floor of the room as usual. In this case, therefore, a *later* introduction of the matter of cow-pock into the system, than that practised by Mr. Leeson, appeared to be eminently successful.

The medical world are, I believe, very generally convinced of their early error, of ascribing to vaccination a preventive influence against variola, and now content themselves with employing it merely as a preparative to that disease; but such a preparative as will be surely effectual, for a limited period at least, in so modifying its character, as to deprive it of its severity and terror. Such would appear to be the general belief of practitioners at the present day, and I am not aware that any case has tran-

spired to impugn such a dependence, until the one the subject of these remarks.

The new feature which Mr. Leeson has described, will, I trust, provoke such commentations as the importance of the subject demands; and which may possibly affect no game data whereas to found inquiries into the nature of these states and conditions of the system, which oppose themselves to the beneficial reception of cow-pock.

68, Bishopsgate Within,  
24th June, 1859.

#### TREATMENT OF SMALL-POX.

To the observations on this subject by Mr. A. Stewart, at page 43 of the present volume, Mr. Stewart wishes to add the following remarks:—“A separate list of list is to be used to each possible; I very much disapprove of breaking or tearing up the pustules, as sloughing, and, if done to great extent, death, will most likely result: and that a clear experiment of the practice may be made, I beg to recommend pursuing the plan of the ‘observations on the patients’ leaving some certain and isolated part to nature, and then see whether pitting will not result from one, and not from the other; thus leaving the result of both plans in juxtaposition in the same patient.”

#### FOREIGN DEPARTMENT.

##### CASE OF RECOVERY FROM A WOUND IN THE DIAPHRAGM.

The following interesting case was observed by Professor Berndt, of Griefswalde, in the neighbourhood of which town it occurred:—

On the 17th of August, 1828, about twelve o'clock at noon, C. Krueger, a carpenter, 29 years old, of a truly athletic constitution, and plethoric habit, stabbed himself with a knife in the left side of the chest; a few minutes after the infliction of this wound, he was seized with extreme anxiety and sensation of faintness; the countenance became of a deadly paleness, and expressive of great distress; the eyes glassy, the lips livid, the extremities cold, and breathing very laborious, especially during inspiration. No pulsation could be felt in the radial and temporal arteries, nor in the carotid, or the heart; not much blood had been lost, but the medical attendant, who had been called in immediately after the accident, suspected an internal hæmorrhage, and pronounced the patient to be in a dying state. On being placed on a bed, however, he somewhat re-

covered, so far, at least, as to complain of the intolerable anguish and burning thirst he felt. Two hours after the accident, Professor Berndt arrived, and found him in a condition which clearly indicated an internal hæmorrhage; and the lesion of some very important organ; the face was pale, the whole body cold and covered with sweat, and breathing extremely laborious. The patient constantly begged for cold water, of which he drank a great quantity. The pulse at the wrist, and the pulsations of the heart, had, however, become perceptible. The external wound was about an inch in length, its depth, according to the patient's statement, was at least three inches; on introducing the finger into it, the instrument was found to have entered between the sixth and seventh ribs, on the left side, at the distance of about an inch and a half from the sternum, in a direction towards the right, and downwards; the cartilage of the seventh rib had been obliquely divided; no extravasation of blood could be felt; and the finger could be freely moved in every direction. The pulsations of the heart were freely felt, and in that part of the pericardium which was accessible to the finger, no lesion was discovered; the lung was collapsed, and could not be reached by the finger; but on introducing it as deep as possible, a large wound was discovered in the muscular portion of the diaphragm, through which it was readily passed into the sub-costal cavity; it was impossible to ascertain whether there was any lesion of the stomach, especially as the patient appeared in so great agony, as to make Professor Berndt apprehensive of his dying under his hands. The edges of the wound were accordingly united by adhesive plaster; cold fomentations were applied over the wounded side, and lemonade freely given to quench the thirst, of which the patient complained as most intolerable. About three hours after the accident, a slight re-action appeared to take place; the face became more coloured, the pulsations of the heart and the pulse at the wrist were more distinct, and the skin re-acquired a more natural heat; the dyspnoea, excessive anxiety, and great thirst, continued unabated. Four hours after the wound had been inflicted, the patient was seized with hiccup; at the same time the want of breath and anxiety attained to such a degree, as to threaten immediate death; his features were spasmodically distorted; the chest was hardly moved, and, as it were, forcibly compressed, and he complained of being choked for want of air. His condition continued for nearly half an hour, when he was seized with vomiting of bile and water, but without any blood; the vomiting was followed by a slight cough, and the expectoration of mucous matter, in

which there was pain in blood. Five hours after the wound had been inflicted, the pulse still kept up; the temperature of the skin was natural; the dyspnoea and anxiety had a little subsided, but were periodically exacerbated. These fits generally began with bloating, and terminated in vomiting, and during them the countenance became pale, the skin cold, the pulse intermittent, and very small, and respiration as very laborious, that suffocation was every moment expected. At the intermission, the general symptoms subsided, and the dyspnoea became a little more tolerable; during five hours, about twenty attacks of about five minutes' duration each, were observed. At six o'clock in the evening new symptoms arose; the patient was suddenly seized with violent pain in the left shoulder, which subsequently extended towards the right; it was of a shooting kind, and greatly increased his sufferings; after two hours, however, his condition considerably improved, the attacks of dyspnoea and bloating being less frequent and violent, and his countenance altogether more composed. The pain in the shoulder continued, and was not relieved by venesection, by which, however, not more than ten ounces could be taken. During the night, he was again bled to fourteen ounces, and ordered to take the tincture of opium to allay the irritation of the stomach. He slept pretty well for three hours, and in the morning of the 18th was tranquil; respiration was not so laborious, though hurried; the pain in the shoulder was also less violent, and had disappeared on the right side; he had slight attacks of cough, which, on a deep inspiration, caused a very acute pain in the wound. The pulse was 100, hard and regular; the skin moist, and the thirst less troublesome. From the succession of the symptoms, as well as from the absence of hæmoptysis, vomiting of blood, syncope, and irregular pulsations of the heart, it appeared that the lungs, heart, and stomach, were not wounded, nor was it likely there was any extravasation, although it seemed, from the direction of the wound, that the intercostal artery, and the epigastric branch of the internal mammary, could hardly have escaped division. The severe symptoms which were observed immediately after the infliction of the wound, were most probably caused by the lesion of a branch of the phrenic nerve, and originated in a spasmodic contraction of the heart, œsophagus, and intercostal muscles: their periodical recurrence tends to confirm this opinion. On the morning of the 18th, the patient was bled to ten ounces; the cold fomentations were continued, and laurel water given internally. In the course of the day, no material change took place; the pain in the shoulder somewhat subsided, but the pulse remaining hard

and frequent, he was again bled to fifteen ounces. The night of the 19th was passed very quietly, respiration was but slightly impeded; the pain in the shoulder, and the sensation of constriction of the chest, had diminished, but were greatly augmented during the frequent attacks of coughing. The pulse was 90, the heat natural. He was bled to fourteen ounces, and the extract of hyoscyamus added to the laurel water. During the 19th he was tolerably easy, the cough and painful sensations in the shoulder and chest having almost entirely disappeared; the following night was, however, rendered rather worse, by the occurrence of spasmodic fits, to which the patient had always been subject, and which consisted in a convulsive trembling of the left arm, distortion of the face, giddiness, and great anxiety. The patient was, however, tolerably well on the morning of the 20th, and, to prevent the recurrence of the spasmodic attacks, was ordered injections, and a plaster of assafœtida and opium along the spine; he had, however, four fits in the course of the day, but none during the night. On the 22d, the patient was considerably worse, respiration was laborious, the left side compressed; the pulse 80, and small; the countenance expressive of distress. He complained of violent pain in the chest and left shoulder; great anxiety, oppression, and want of breath; these symptoms were periodically exacerbated in the same manner as had been observed shortly after the infliction of the wound. He was ordered two grains of calomel every hour, an injection of assafœtida, an opiate poultice over the left side, 20 drops of the tinct. opii, and to be bled to 12 ounces; after the venesection, the pain and dyspnoea subsided, but in the evening returned, so as to require a repetition of the bleeding. On the 23d he was, on the whole, much better; the pain and dyspnoea still periodically returned, but with less violence; he was bled to ten ounces. On the 24th he felt quite well, except a dull pain in the chest; eight leeches were applied to the side; his mouth having become sore, the mercury was omitted. From this time the state of the patient gradually improved. The pain in the shoulder and in the chest, however, continued for a considerable time, and required the frequent application of leeches. After a few weeks, no pain was felt, even on a deep inspiration or on coughing, and, with the exception of great debility, he was completely recovered. —*Rust's Magazin für die ges. Heilk.*

#### EXTIRPATION OF THE OVARIÆ.

CASE 1.—A Polish lady, 40 years old, of middle stature, and good constitution, applied, in 1825, to Dr. Dieffenbach, of Berlin,

anterior of a large tumour in the hypogastric region, which had begun to form about twelve years before, in consequence of a blow on the abdomen. Several surgeons, to whom she had previously applied, had refused to remove the tumour, which she was determined to have done, at any rate. On examining the abdomen, the umbilical region, particularly towards the left side, was found distended by a globular tumour, movable in every direction, and to some extent, even upon its axis; the abdominal coverings over it were not more than three lines in thickness, the patient had been married eighteen years, but had had no children; she had always regularly menstruated. Dr. Dieffenbach submitted the case to several eminent practitioners, who greatly differed in opinion as to its nature, some of them considering it as a tumour in the mesentery, a degeneration of the spleen, the kidneys, &c.; others, as a tumour, between the peritoneum and the skin; and others, lastly, (among whom was Dr. Dieffenbach) as a degeneration of the left ovary. The good constitution of the patient, the mobility of the tumour, her strong desire to have it removed, and the advice of his professional friends, induced Dr. Dieffenbach to perform the operation of extirpation. An incision having been made in the linea alba, from three inches above the navel to four inches above the symphysis; it appeared that the tumour was contained in the peritoneum, which being accordingly divided at the upper part of the wound, a whitish blue tumour, of a globular form and cartilaginous firmness, protruded, and, on closer examination, was found to be fixed by a thick pedicle, in which several large vessels were felt to pulsate, and which appeared to be adherent to the vertebral column; the connexion of the tumour with the bladder and uterus could not be ascertained. A puncture made in the tumour caused a violent hæmorrhage, which, being eventually arrested by compression, it was replaced, and the wound closed by sutures and an agglutinative bandage. Very few hours after the operation, violent pain in the belly, vomiting, and bloating ensued; the abdomen became tympanitic, very tender on pressure, and the tumour had evidently increased in size, but under a very rigorous antiphlogistic treatment these symptoms subsided within a few days, and the wound having suppurated for some time, the patient ultimately recovered, of course without any diminution of the tumour.—*Russ's Magazine.*

CASE 2.—A country woman, 47 years of age, who had, in her 41st year, borne her eighth child, and two years afterwards had ceased to menstruate, perceived, after the latter period, the left hypochondrium begin to swell, so that, in her 55th year, the ab-

domen was as large as in the last month of pregnancy; it did not cause much pain, and, except the symptoms arising from the pressure on the abdominal organs, she felt pretty well. Dr. Hoyer declared the disease to be a degeneration of the left ovary, and, having easily obtained the consent of the patient, resolved upon removing it by the knife. An incision having been made through the integuments, from the ensiform cartilage down to the symphysis, somewhat to the left of the navel, the peritoneum was opened; about five parts of an inch immediately exposed, and the ovary and intestine protruded; the tumour was found adhering to the colon, stomach, and mesentery; and it required about twenty minutes to detach it; its principal vessel was a pedicle, arising from the broad ligament; this was divided after a double ligature had been placed round it, and the tumour, without any further difficulty, extracted: the hæmorrhage, during the operation, was comparatively slight. Peritonitis ensued; and the patient died thirty hours after the operation, under the symptoms of gangrene of the intestines. The extirpated ovary was of an uneven surface, seven pounds and a half in weight, and of cartilaginous hardness; in some parts of it, cavity filled with fetid pus, of a greenish colour, were found, in others it exhibited a stony degeneration. The right ovary was healthy.

The third case was that of a female, 38 years of age, who, during seven years, had borne five children, and, after the fourth labour, had been seized with violent menstria. From this period she felt a constant dull pain in the left side, which, after the last labour, began to swell, so as at last to occupy the whole left hypochondrium; menstruation also disappeared, and was replaced by copious leucorrhœa. The operation was performed as in the second case; the protrusion of the intestines was very considerable, and could not be reduced before the tumour was detached from its adhesions to the peritoneum and the os uteri; the pedicle by which it was fixed to the broad ligament was tied before it was divided; the wound was closed by four sutures. The operation lasted for about twenty minutes, and not above three ounces of blood were lost, symptoms of irritation in the intestines and peritoneum acceded, but were happily subdued by the use of opium. Her recovery was no further impeded, and was completed six weeks after the operation. About sixteen months afterwards the patient became again pregnant, and was, in due time, delivered of a healthy child. The extracted ovary was of the size of an infant's head, eight pounds in weight, of uneven surface, and of a bluish colour; its con-

disease was the same as the tumour described in the second case.

A fourth case is related by the same author; the patient on whom the operation was performed was, as it appeared, of a bothen constitution, and, besides the distension of the left ovary, affected with a disease of the liver. The account of the operation offers nothing of interest. The pedicle, by means of which the tumour was fixed, was four inches thick, and its division caused a considerable hemorrhage. The patient died thirty-six hours after the operation.—*Graefe in Wapler's Journal.*

In a 5th case the operation well performed by Dr. Martial. C. D., an unmarried female, 24 years old, had been delivered, for the first time, in November, 1834; in January, 1835, menstruation reappeared, and was regular until August, though more copious than before. At the end of October, she was suspected to be pregnant, but, on often examination, the swelling of the abdomen, which was as large as in the eighth month of pregnancy, was found to depend on a distension of the right ovary; the tumour was painful, and gradually increased in size. At the middle of December, it having become more tense and fluctuating, a puncture was made, by which about four pints of serous liquid were evacuated; and it was reduced to the size of the fist. On the 6th of January, 1836, the puncture was repeated, at the same time calomel, digitalis, and opium were given internally, and frictions of mercury, digitalis, and the hydroiodate of potash, were used, but without any effect, and it was found necessary to repeat the puncture on the 23d of January and on the 16th of March. After the usual evacuation of serous fluid, one pint and a half of tepid water, with two ounces of alcohol, were injected, and retained in the sac for half an hour; the wound rapidly healed up, and in the middle of April the tumour was as large as before, but more tense than it had ever been; two punctures were made, but without giving issue to any serum. The operation of extirpation was now decided upon, and performed in the following manner:—An incision, nine inches in length, having been made through the integuments, a white globular tumour, of the size of an adult's head, and of cartilaginous consistence, was discovered; it appeared to be firmly fixed in the cavity of the pelvis, and at its upper portion presented a sac, which, being punctured, discharged about half a pint of serum; the intestines, and part of the epiploon, prolapsed, and the operator finding it impossible to detach the tumour from its attachments to the pelvis and the organs contained in it, was obliged to remove the parietes of the sac, and to reduce the rest of the tumour, as well as the

intestines, into the cavity of the peritoneum. The wound was dressed by sutures, and a canula placed in its inferior angle. On the first day after the operation no unfavourable symptom occurred; but, on the second, a discharge of bloody serum took place through the canula; hiccup, attacks of syncope, and tympanitis ensued, and the patient died thirty-six hours after the operation. On examination, the tumour was found a little softer than it had been, and more towards the median line; it was of stentaneous consistence, and contained numerous cavities filled with unhealthy pus; its upper portion was covered by a large extravasation of blood; it was not formed by the right, but by the left ovary, which had compressed the uterus and occupied almost the whole of the left and right hypochondrium; the fallopian tube and part of the broad ligament being much enlarged and very vascular, formed its principal root; it was, however, also attached to the rectum and on itself. No trace of inflammation was found in the intestines and peritoneum, and death was most probably caused by the extravasation of blood.—*Rust's Magazin.*

#### ON THE TREATMENT OF SPINAL CURVATURE.

To the Editor of THE LANCET.

SIR,—I have been much gratified by your account of the treatment of lateral curvature of the spine, which has been proposed by Dr. Vernière; because it proves that, however truth may be opposed by prejudice, which is produced by want of accurate knowledge, or even less justifiable motives, the time must come when it will prevail and establish itself upon a lasting foundation. Dr. Vernière has taken two positions, one of them of much greater strength than the other. First, The orthopedic plan, which, he says, "is so much in vogue in France and Germany, and consists in keeping the patients lying on an inclined plane, and making permanent extension of the spine; this method," he says, "even in those few cases where an apparent cure is produced, causes such a relaxation of the ligaments, and

\* It is very curious, that in all the above cases the disease was in the left ovary; this strikingly confirms the observation of several authors on the subject, that the left ovary, comparatively, is much more frequently diseased than the right; a fact which bears a remarkable analogy to diseases of the testicles, which, according to most pathologists, are of much more frequent occurrence on the left than in the right testicle.—*Vide Mémoires de Sol. et Cauze. Mém.* Ep. 43, Art. 33.

unwilling of the muscles, that the patient quickly returns, when the patient begins to stand, and walk," and, secondly, "he therefore prescribes a new method of treatment, viz. commanding the patient remain for the greater part of the day upon the hands and knees, moving about as much as possible." I shall, at present, confine my observations principally to Dr. Verniere's first, which is his strongest position, in the remarks to which it will naturally give rise.

I do not know to what extent the practice that he mentions has been carried in France and Germany, but I do know that, in this country, no practice has ever been at once so general and so ineffectual. Two classes may be assigned for this; first, the extreme shaliness, with which every person believes they can understand and apply it; and, secondly, because no practice has ever produced so much pain to those who practise the low trade, or of those who, being called consulting surgeons, are reported to in cases of real or supposed difficulty.

It was said, and with much truth, of the late Mr. Cline, that when a patient entered his consulting-room, the first thought that arose in his mind was, how many remained waiting for their turns in the outer room? For their time he had the greatest consideration, and to accommodate them, he determined to get rid of the case that was present in the least time possible. As every one succeeded, in their turn, to this enviable point of time, they were then treated with perfect impartiality; and, as many of them were patients who were afflicted by spinal curvature, and the words "lie down upon your back, and lie still for a long time," were soon pronounced, you can easily imagine how quickly patients succeeded to each other in that gentleman's practice. Mr. Cline was accustomed to say, in the jocoseness of private friendship, that he adored daily patients, thought little of those who came on alternate days, despised tertians, and held quaterdays in utter abhorrence. With such principles acting upon this defect, you may imagine the quantity of patients who came like shadows, so departed. It was to this practice of Mr. Cline, that the general adoption of this practice must be justly attributed. I know that Sir Suaviter-in-mede, but not *fertiler* in re, who succeeded him, has boasted that he first introduced this practice, and has added, that although he had invariably recommended it to every patient who had consulted him for many years, he doubted if any one had derived the least benefit from it; this was told, in the confidence of private friendship, to one who kept his engagement by telling it to me, who, not under any engagement to keep the secret, and therefore mention it

as a valuable fact. The latter declaration I believe to be true, the former I know to be true; because this mode of treatment has first proposed and adopted by Pott, in attempting to cure spinal curvatures when attended by caries of the vertebra; it was next adopted and used by Boylston as an universal remedy for all spinal curvatures, and on account of the great facility with which it can be both recommended and practised, it has passed into general use.

From what you have printed as Abromahy's *History*, and which I, therefore, believe to be so, I have made the following extract.—In speaking of the causes and treatment of spinal curvatures, this doctor says, "Now, you will say, what is the use of hollering at about these things? they are not diseases! No, it is very true they are not diseases, but I warn you they are very important, and that you will be more bothered about them than about any thing you may meet with. Oh! there are young ladies, whose parents would give any thing to have them set straight. Now I tell parents that I have no concern with, that they must attend all the causes which produced the original curvatures. I try to forget what these curvatures are; and say they are to lie down as much as possible, and take the weight off the pillar which has yielded; because whatever weight is placed upon it, will inevitably increase the curve. I hear medical men say, you had better put weights on your head and carry them about with you, because they say people who have large weights on their head or shoulders, such as milk-pails, have straight backs;" but I say weight on the head must be injurious: therefore, I tell them to lie down to avoid the causes which increase it, and *to lie in a horizontal posture*. Many say you should lie in a horizontal manner, so as to extend the vertebral column, but that can never be done. Lie down, therefore, in a horizontal way, and you take off the weight from the curve; but I would by no means prevent the patient from taking that degree of active exercise which is conducive to health, because I say there is something wrong about these patients; there is something about them that induces muscular rancour, or muscular irritability. It is an object to give all possible energy to their muscles, it is an object, therefore, that they should have active exercise, and an object to give them all possible strength, that they may have the power of supporting the head and weight. Then, I say, lie down."

If this Urus Major of modern surgery should ever condescend to smile upon and syllogize with some lovely female, who may consult him upon the best means of restoring the lost loveliness of her form, instead of

reading so as to frighten her out of her wits, his argument would be something like that which follows:—"We all know that the best means of removing the defect you labour under, consists in leaving all parts of the body free from restraints, in throwing every part into its natural action, as much as the strength of the patient will allow; therefore I advise you to lie down flat on your back; do lie quite still for a very long time every day, besides the time that you naturally be in that position at night when you are asleep; I advise you to do this, because; while you are thus lying down, you will have no exercise; but instead of obtaining that, in combination with the good effects of air, you will acquire that disability which falls upon sick people who are unnecessarily confined to their beds, and this is the best method that can be adopted to cure the defect under which you labour." *Alas! himself!* Yet this is the only syllable or sentence that can be drawn from the lecture of this cyrenagogue in modern surgery.

To be more serious; I shall venture to affirm that all spinal curvatures, except those which are produced by series of the vertebrae, are occasioned by the improper positions of the bones with respect to each other, into which they are thrown in consequence of the relaxed state of the ligaments, and when these distortions have once begun, they are kept up and increased by the deformed or unnatural action of all the muscles which connect them together. This being the case, it will follow, of course, that the only effectual method of cure must be to restore the bones to their natural situations, the ligaments to their natural strength, and the muscles to their natural actions. Now I call upon our *Ursæ Major* to demonstrate, if he can, how these effects are to be produced by laying a patient flat upon his back for a long time, either upon an inclined plane, or in a position that is perfectly horizontal. "I call upon spirits from the vasty deep," *Shakespeare* makes one of his characters say; "but if you call them, will they answer you?" says the respondent. In this case, certainly not, is my reply; because there is no man existing who is better qualified than *Ursæ Major* to demonstrate any fact in anatomy, physiology, or pathology, and I am quite certain that, if he will take the view of the subject that I have given, he will acknowledge that no benefit either has been, or can be, derived from this practice which has been so universally followed; and it certainly is not to the credit of modern science that it has been suffered to retain its influence so long.

Dr. Vernière is the first professional writer who has placed this practice in the light in which it ought to be seen, he has

described it with tedious truth; he has, likewise, justly touched upon the principles which should be acted upon in curing these curvatures; but, I agree with you, that it is very improbable that the modification of the principles which he has suggested, should be adopted with a beneficial effect. The trivial practices that he recommends are founded upon a just idea of the cause of the defect that he proposes to remedy, and, if acted upon, will have a tendency to remove, or, at least, diminish it; but instead of such practices, a firm and decided mode of treatment, rationally and steadily applied, is the only course to be followed with a rational chance of success. I have, for a long time, been employed in the successful practice of curing that as well as other malformations. As much time must elapse before I can arrange all the facts that I have collected, I will, if you will favour it by insertion, arrange an epitome of the general system of the treatment that I have adopted for the cure of these defects, which, I trust, will convey some useful information to a portion of your readers.

I am, Sir, yours, &c.

T. SHILLDRASS.

45, Abney Terrace, New Road.

#### ON THE PHYSIOLOGY OF THE EAR.

By Mr. T. WILLIAMS.

There is not an organ in the animal body more remarkably distinguished by peculiar apparatus than the ear, and its physiology is as imperfect as its structure is elaborate. Even the auricle or external ear, though naturally exposed to general observation, has never been explained on acoustic principles. *Broussais* has attempted to prove that every reflection of sound which falls on the surface of the external pinna, must, ultimately, traverse the *membræ auditivæ*; and all will agree that the office of the auricle is purely mechanical, and must necessarily tend to magnify sound; but it is not enough merely to accumulate the sonorous rays, and thus to increase the acoustic sensation, or render the organ acute; the power of hearing distinctly is also a faculty essentially requisite. Now, although the artificial ear-trumpet, or auricle of the artisan, magnified sounds, it invariably renders them somewhat confused; it does not represent the sonorous vibrations as received through the medium of the natural auricle. *Hermann* suggested the following queries:—"On what principle is the natural auricle constructed? in what does the auricle differ in structure from the ear-trumpet? But, before we attempt to resolve these inquiries, we may make a slight allusion to the laws of acoustics. Sonorous bodies are such as, by an act of

collision, have the property of preserving a continuous vibration. Such bodies are such as are limited in the power of oscillation, and only retain a momentary sound. Now, the vibrations of the media of sound are described as analogous to the radiations of light, differing only inasmuch as gas is entirely a medium of oscillation, and the other a continued translation of particles. They are emitted in the form of pulsating waves, which proceed in rectilinear directions, and which are subject, when impeded, to the general laws of reflection.

Now, if when sonorous rays impinge on the membrane tympani, they do not correspond, i.e. if they do not strike the membrane at the very same instant, they will necessarily cause a plurality of sounds; but it is evident that from every single pulsation of the auditory medium, unity of sound ought ever to result. Is not the series of the human ear conformed to this physical principle? And is it not to the neglect of the same, that we ought to attribute the imperfection of the ear-trumpet? It is perfectly impossible that the sonorous radiations which suffer great reflections from the sides of this instrument, and those which proceed comparatively direct, can reach their destinations in equal times; hence must arise discordance in sounds; but is not the series of the ear so peculiarly constructed, as not merely to collect the vibrations, but also to effect their simultaneous convergence? Is not such a provision absolutely required, to prevent indistinct and fallacious impressions?

#### ON THE TYMPANUM.

The epithet tympanum is derived from a Greek term, which signifies a drum; and the musical drum has not only been considered analogous to the tympanum in structure, but also in its physical properties. Now the ordinary drum is distinguished by its sonorous powers. By a single stroke made on its vibrating pelt, a thousand may strike in succession on the tympanum; but if the tympanum also be a vibrating drum, these sonorous rays must again be multiplied! But, in this respect, the ear and the drum are remarkably dissimilar. The main intention of the latter, is to multiply sounds by frequent vibrations; while that of the former is truly to represent the number of vibrations of surrounding bodies; and as, in their functions, we perceive an important disparity, so also their structures are adapted; and if the membrane of the tympanum, or any other part of the auditory organ, do really possess the power of vibration, it is limited in the same as a mere conductor. This truth we endeavour to show in the sequel. The method on which the pelt of a drum is

adjusted and stretched on the rim of the barrel, is plainly conducive to free oscillation; but such is not the state of the membrane tympani; we observe the malleus, or handle of the malleus, pressing on its centre; this is far from increasing the tendency to vibration. It is much the best means to annul such a property. Let the pelt of a drum be depressed in a slender manner, and the wonder will discover, on making the experiment, a striking distinction of vibratory power; yet the membrane tympani, the bones, and plus the pressure of the ear, may vibrate in consequence of violent concussion, and then the sound will continue when the primary cause is suspended. And it is also a fact, and worthy of remark, that when the mind is compared for a loud detestation, this sonorous effect is especially produced. This would seem to indicate not only that the muscles of the ear do exercise the faculty of multiplying sound, but also that they are subject to the control of the will.

#### ON THE OSSICULA AUDITUS.

The magnitude of sound produced on any drum, will ever be found (according to parabolæ) in the combined ratio of the force of the stroke and the area of the organ. But we observe that even without the advantages of the external ear, ossicle auditis, and the membrane of the tympanum, an acute sense of hearing may still be retained. But although, in such a case, the sense be acute, the sounds are confused; hence we observe, that although nature has shown a disposition to magnify sound, it is her permanent aim to ensure its distinctness. To this important end, the ossicle auditis are adjusted to the tympanum.

All the bones of the tympanum being supposed to be invested with a tremulous property, physiologists describe the ossicle auditis as the ordinary conductors of sound. But the proper conductor of sound from the external ear to the foramen ovalis, is the air of the tympanum, and it were easy to prove that this medium alone is empty sufficient, and so far from the ossicle chain being designed to promote the transmission of sounds, it will probably be found to decrease their intensity in the act of averting discordant vibrations.

When a pulsation of a medium of sound has impinged on the membrane of the tympanum, the whole chain of bones will instantly relax, and while the handle of the malleus will then but slightly compress the membrane tympani, the membrane of the foramen ovalis will be partially relieved of the pressure of the stapes, and thus it is prepared for the sonorous impulse. The membrane of the tympanum having thus been impressed by a single pulsation, it will resume

its position by its own elasticity, and the agency of muscles; again the handle of the malleus passes freely on its surface, again the stapes is so adjusted on the membrane ovalis, and further vibration is perfectly prevented, not only in the membrane tympani and ovalis window, but also in the liquor of cotyledon. Thus having preconcerted that the delicate vibration of the auditory faculty is to transmit the vibrations of external objects, the hammer has induced the position that the malleus out of animals ought never to vibrate like the artificial drum; but that for every single pulsation that strikes on the tympanum, only one should be transmitted to the sensitive nerve, and this be productive of simple perception, and that this negative quality is accorded to the ear by the articulation and their muscular adjuncts.

COLLABOR OF PHYSICIANS AND DR. HARRISON  
AND GORDON SMITH.

To Dr. Harrison.

Hampton, June 27, 1829.

MY DEAR SIR,—I have read with great satisfaction your article, published in THE LANCET of this day; and I cannot better devote a leisure hour than to the purpose of addressing a few lines to you on its most important subject,—on what you have, with perfect truth and great felicity of language, denominated "THE SACRED CAUSE"—not only of the physicians of England, but of science and humanity.

In the sixth paragraph of your paper there are expressions of dissatisfaction, as to the treatment your anxious and laborious coadjutors met with from those who were bound, by every tie of honor and humanity, to have countenanced and supported you. In the dignified censure there conveyed, I know that I am not included; and I believe you are satisfied, that if I had not expended my pecuniary resources upon a great public object, (connected with professional improvement,) I should have felt a pride, at least, if not a pleasure, in standing the whole brunt of the action in your place.

I need not tell you, (though every reader of this communication may not be equally well informed on the subject,) that I was not one of those who went "forward, during the contest, to enlighten the public with their profound lucubrations on college affairs, in order to display their own learning and private wishes." Formerly I certainly went, I was the editor of a medical journal at the rise of your warfare, and took a hearty and a well-founded part with you. You know that I did myself a very great injury by the course I adopted. You know that I have made, at least, one FETTER my implacable and dastardly foe by my conduct; and others

have gone, as far as they durst, in showing me their resentment. But I am not the man to be moved by these things, and I possess the power of healing a disease very generally thought incurable, I mean that of restoring people to the possession of their senses where they voluntarily lost sight of them; and several restorations of this nature are now in progress. It was only yesterday evening that I got at the bottom of a long-respected story of this Fellow's malignity, and a proper occasion will arrive for exhibiting him in his naked distortion.

However, this is digression. We, the independent physicians of England, owe you a multitude of thanks. If I again call myself their organ, I shall be plastered in THE Medical Gazette; and as I have the most profound respect for the talented and liberal gentlemen who conduct that sprightly journal, I must restrict myself to return my own personal acknowledgments, with a positive disclaimer as to any official delegation. The truth is, the independents and I have had no meeting or correspondence now for nearly two years, and I am very highly displeased with them; in fact, I feel pretty much as you do with regard to them. They have run away from the field, and deserve our contempt. Still, perhaps, we ought to make allowances for the weakness of physical nature, and the terrible name of law! This latter having now been detected to be a mere scarecrow, as far as the redoubtable College is concerned, I hope our friends will recall their courage, and, as there is no longer any danger, proffer that aid of which we stand so long in need.

There are two points I intended to have drawn the attention of the profession to, in the course of my animadversions on the usurpation of the College, when I was interrupted by ill health. The journal of which I was editor has since fallen into the hands of those who have neither talent nor honesty for the argument. In fact, I was (as you know) robbed of it in a very extraordinary manner, of which the professional public shall, ere long, be gratified with a detail. One of the points it is hardly requisite to state; let me, however, go so far towards bringing it under notice as to say, that throughout the contest you and I (if you will allow my pronoun to stand so near your own) have expressed and conducted ourselves like gentlemen. It is true that the Fellows do not invite us to their conversations; but they have the art of collecting a great number of fools there, one of whom I got into a very serious scrape at the Old Bailey, chiefly in consequence of the part he contributed towards the amusement of one of these very distinguished soirées.

The other point never has been stated, and I avail myself of the opportunity to

writes it down, for the first time. If this College has any jurisdiction, it extends to a circle of seven miles round London. Allow me to ask any topographer, any ordinary-witted cockney, what London was in the early part of Henry VIII.'s reign? Now, dare they extend their usurpation to the seventh milestone beyond Hyde Park Corner?—beyond the separate and distinct City of Westminster, or the Borough of Southwark? Confine them to their chartered limits, and two miles, at least, in every direction, must be excised from their sway. Perhaps you do not know, that in the celebrated town of Brentford the seven mile stone stands in the centre of a house, which penetrates three windows in the front, and is in the occupation of a haberdashier, named King, who considers the circumstance of the said stone being stuck against his pavement, sufficient distinction to warrant him to advertise himself most lustily in the Sunday newspapers. Now, suppose this King of Brentford to be taken very ill, either in the top or in the toe, and to be laid due east and west, (as the Oxford and Cambridge Colleges are said to be built,) in the middle room, open and across the milestone in question, and that you and Dr. Chambers, (for instance), or myself and Dr. Paris, were both called in. What a dilemma! "Here," one of these learned Fellows might say, "is a case *within* the seven miles, upon which I am disqualified from consulting with Dr. H. or Dr. S.," but suppose we were to surreptitiously enter the room, and place the patient in the posture of the patient, and place the seat of his malady *beyond* the milestone!—Oh!—then—&c.!!

My dear Doctor, I am now going to release you from the pursuit of so much prose, (being anxious to avail myself of my *own* ability for the purpose of writing a little poetry); and I will do so by informing you, that great as your triumph over the College has been, I look forward to a still more complete victory. You know my favourite pursuits lead me into courts of justice; the first time I may happen to be produced there as a witness, I shall be asked, no doubt, if I am a MEMBER OF THE COLLEGE OF PHYSICIANS? My intended, but very simple answer, I shall not reveal. Be assured it will do more towards annihilating the College than your expensive law suit.

I am, my dear friend,

Your very sincere and faithful

JOHN GORDON SMITH.

P.S. Perhaps you will pardon me for telling the public, what you will not condescend to tell them yourself, that the amount of your expenditure in the late law suit with the Royal College of Physicians, is the enormous sum of NINE SHILLINGS AND SIXPENCE, incurred for printing circular accounts of your victory.

#### APOTHECARIES.

THE liberal and well-educated members of the medical profession, those I mean who have some ideas beyond cramming their patients' stomachs with physic, whether they require it or no, and of forcing their poisons and filth through their own, must feel deeply indebted to you for the energy and ability you have always displayed in exposing the ignorance and tuckery of the craft of Elizabeth Hall. It is, indeed, truly degrading, that a set of mere apothecaries, quacks, and bone-setters should possess the influence they appear to have in London and elsewhere; but as long as John Bull is the easy gullible animal he is at present, and while the well-informed surgeon and physician degrade themselves as far as to beholden to the dignitaries of Water Lane, I fear things will ever remain as they are at present.

Having resided, for a considerable time, in places where such a system did not exist, and where the line of demarcation was properly drawn between the mere compounder of drugs and the intelligent practitioner, I was not a little surprised, and at the same time disgusted, when I first came to London, with the practice which prevails here. The profession of medicine in the metropolis is far too much subdivided and partitioned out into different departments; and it is to this cause that we must attribute the paucity of those who possess that comprehensive knowledge of its various and complex branches, which, though difficult to attain, is, in itself, the best reward of its cultivators, and is the only means of raising them to that rank in society which ought to be the ambition, alike of the surgeon and physician.

First of all, there is the mere druggist and chemist, whose only business is to be acquainted with the medicines he has in his shop, as a grocer is with his pickles and sauces, or a pastry-cook with his jellies and cakes; he knows the name of each, its price, and has, or ought to have, a sufficient knowledge of pharmacy, to be able to mix and compound them in a proper and correct manner. But this very humble, though useful, occupation does not, in general, satisfy the knight of scales and measures; and the young brood of aspirants behind his counter. Ambition—"the last," but fully as frequently the first, "infirmity of noble minds,"—is not unknown to them; and beginning their medical career with, perhaps, exhibiting a dose of salts or castor oil, or of doctor's cherry brandy, alias "black dose," which, fortunately, will seldom do any harm, and; on the contrary, will often work a charm, they go on, from one degree of perfection to another, till at length they believe, and frequently also make their

dupes believe, that they are complete adepts in the "art medicine." Perhaps this is not to be much wondered at, considering the number of prescriptions they are in the daily habit of compounding; in short, their knowledge is acquired in a manner similar that which Lord Byron describes in—

"She taught the child to read, and taught  
as well."

"That she herself, by teaching, learned to  
spell."

After the chemist, we shall mention that most doughty personage the apothecary, who is every thing, and yet nothing. It would be well, if he were to bear in mind his high and dignified lineage, which is so meaningly expressed in their patronymic—apothecary, from "a-pot-he-carion," in consequence of his being the bearer or carrier of bottles, phials, pots, boxes, and injection-bags. As our present remarks shall be confined to these worthies, we shall not allude to any of the other vocationaries of *Mediculus*, viz. the surgeon-accouchant, physician-accouchant, surgeon-père, and physician-père. All we shall say at present respecting these is, woe-betide the man or woman who has the benefit of so many advisers! The preacher saith, "there is much wisdom in many counsellors;" but surely, had he lived in the present day, he would have made some salvo to this very general adage.

And now for the disclosure of the "hole-and-corner" practice of the members of the Rhuherb conclave. In order that my readers may form a correct idea of this, I shall detail the ordinary routine of duties which are imposed on an apothecary's assistant, for whom, by-the-by, the name of shop-boy would be much more appropriate. They are expected to be ready equipped for potting, mixing and pill-making by seven or eight o'clock in the morning, and one (who is generally the senior) proceeds to insert in the day-book what are styled the "necessities;" these are either mixtures, draughts, decoctions, pills, powders, or salves, &c. which had been prescribed on some preceding day, and which are regularly and uninterruptedly sent to the patient for one, two, or six months, or even longer; in short, till the person, who, perhaps, has been out of town during the greater part of the time, finds, on his return, a room half full of bottles and boxes, and orders no more to be sent till further notice. The mere circumstance of the patient's servant saying that his master or mistress has not taken any medicine for the last week or fortnight, is never deemed a sufficient warning by the apothecary; and we much fear, that many of the servants in the houses of grandees even find it to their interest, at the end of the year, to encourage the "doctor's trade."

During all this time the patient is seldom or never visited, and this for a very obvious reason, for assuredly it is well known, that if he or she were occasionally encountered, the profitable humbug could not be kept up so long. No such for the repetitions on the day-book; frequently not fewer than 30, 40, or 50 of these are inserted every morning, before the duties of the day commence; and when we consider that a patient, if at all respectable, is never allowed to have fewer than three or four draughts, for each of which he is charged one shilling and sixpence, we may easily understand how these apothecaries make fortunes, while the well-educated and well-informed practitioner is obliged to be contented with a bare competency. From this arrangement it appears, therefore, that before the learned gallipot moves out in the morning, he has the satisfaction of seeing his counter covered with a regiment of phials, &c., all labelled and papered, and the time at length arrives when he steps into his carriage to visit his patients. As a matter of course, the cases which are entrusted to his care are such as any old nurse could prescribe for. Should any serious symptom develop itself, the assistance of Dr. —, or of Mr. —, is immediately required, and all responsibility is necessarily transferred. The apothecary is permitted, however, to prescribe for a slight cold, or sick stomach, and to encounter either of these formidable ailments, the artillery of draughts (these paying the best) is called into requisition. Of these, one is ordered to be taken immediately, and to be repeated every hour, or two hours, so that not fewer than eight or ten are sent to one patient, besides powders, pills, and plasters. In the course of a day or so, the patient is quite well, but it would never do to allow him to think so far so much as a month; he is told that he must take some slight tonic, and for this purpose he receives a mixture, or so many draughts, consisting of an infusion of orange-peel, or of some syrup and rose-tee. Such is the nature of the repetitions to which we have alluded above, and such is the degrading and scandalous system followed by these Rhuherb practitioners. The truly contemptible manner of hunting for, or rather I should say of "netting," patients, is well worthy of their conduct in other respects. I am acquainted with one of these dignitaries, who is in the habit of daily taking a walk in the gardens of the square in which he resides. No doubt he goes there to enjoy the balmy air, and to admire the flowers and shrubs; but very fortunately he finds that his amusement and interest are not unaccompanied, but may be followed with great advantage at the same time. In his promenade he meets the children, who are sent, under the care of servants, to take

their healthful exercise in the open air. With the tenderest solicitude, he inquires for their pupas and machines, and, with a prophetic shrewdness, discovers that the little shabby apertures have either not been altogether well, or perhaps are about to be indisposed! He remarks this to the servants in attendance, and the chance is, that before they have reached home with their charge, several parcels of phials and powders await them. This picture, I assure you, is not exaggerated, and probably more than one of the "craft" will recognise in it a familiar resemblance.

Another, and an extremely common practice of these potter-druggers, is the following:—We shall suppose that one of their patients sends his servant to require the attendance of Mr.—, or to have a prescription prepared; if, perchance, the servant cough once or twice, or appear fatigued, probably from some debauch the night before, the attention of the apothecary is immediately, and with the utmost humanity, awakened; with a most knowing shake of the head, and feel of the pulse, he informs him that nothing is more dangerous than a neglected cold, or that a very serious disease of the stomach has arisen from a mere trifling beginning; and concludes this abominable, woodchuck discourse, by telling him he will send him something which will soon remove his complaint. The master, all the while, is perfectly ignorant of the disposition of his servant, and never discovers it till the end of the year, when, lo and behold, he finds his bill, which he expected would not exceed a few pounds, extended to seven or eight pages, each of them a foot and a half long, and giving a full and particular account of the draughts and pills for housekeepers, housemaids, sailors, valets; footmen, cochmen, and grooms. These are the profitable patients for the drugging class of apothecaries to whom we are indebted for these snares which are perpetually, and I must admit, with some degree of truth, cast on the members of the medical profession—a profession which, if rightly cultivated, and honourably followed, will be admired at once by the lover of humanity and the man of science.

I will not enlarge more on this topic at present, as I trust that these few remarks will elicit information from many better able to communicate it, and to expose the degrading system so profitably pursued by the craft of Rhubarb Hall.

JUNYIA.

June 9, 1829.

#### DUTIES ON PATENT MEDICINES.

To the Editor of THE LANCET.

SIR,—Successful as you have hitherto been in reforming abuses with which the medical profession was shackled, your undamned exposure of all "hole-and-corner" proceedings has induced me to request the publication of a few remarks on the "Medicine Act," so far as it relates to the stamping of drugs and chemicals retailed by apothecaries. I do not solicit against the stamping of all patent medicines; that cannot in justice be complained of, as they are the nutriment of one person, and belong to one property. But the following clause, comprehending, as it does, one half of the articles in an apothecary's shop, is to be found in the list of medicines ordered to be stamped. Mark, gentle reader, the passage I allude to:—"Waters; viz. all artificial mineral waters, and all waters impregnated with soda or mineral alkali, or with carbonic acid gas, and all compositions in a liquid or solid state, to be used for the purpose of compounding or making any of the said waters." This clause is unjust and oppressive, a chaos of absurdities, and a monument of ignorance. Will the worthy solicitor of stamps favour me with an answer to this question. Is there any difference between an artificial mineral water, and one that is impregnated with mineral alkali? The clause, Sir, Editor, is the one on which so many informations have been laid, and the one which is so little understood by its readers. Is it not, Sir, cruel, that in a land which is styled the "freedom of the tree," and which has for its metropolis the "wanderer of the world," it is not cruel, I repeat, that such a clause should be allowed to exist in its laws? But let me not rail against the laws of our country, but rather against the abuse of these laws by a set of men at once the most degraded and despicable, who are stimulated to actions of so mean and disgraceful a nature, by the very persons who profess to be guards of the liberties of the people, and who are appointed by government as such. That they do abuse this power, who can deny, when it is well known that the informer has one half of the penalties inflicted on the defendant, and by this means is encouraged to proceed in his diabolical course. What then, Sir, can be the reason of this abuse? This question may be answered with as little difficulty as, why the "rhubarb hags" refuse to examine students who have not a certain number of certificates. Interest is the main-spring of all these evils. The solicitor of stamps is, of course, glad of every information that is laid, inasmuch as it brings him his "six shillings and eightpence," and so are the

clerk to the collector, inasmuch as it preserves them their situation; for if it were not for informers, there would be no occasion that night or day clerks should be kept in the collector's office. Having been a witness to the aggravated losses of one medical man, and having made inquiries respecting the "hole-and-corner" work of these worthies, I will, with your permission, next week, add a few remarks on the articles that may not, be sold, and the quibbles on which some of the informers lay an information.

I am, Sir, yours truly,

J. F. C.

MENTAL ASSISTANTS.

To the Editor of THE LANCET.

SIR,—I am endeavouring at this present time to become one of that particularly happy class of beings yclept medical assistants, and my object in thus addressing you is, to draw the attention of the profession calling itself "*par excellence*" liberal, to the very singular light in which this said unhappy class seems to be viewed. Now, Sir, it appears to me, that a gentleman, fully qualified to practice in his profession, and offering himself as an assistant to a practitioner, may, without any very great stretch of fancy, be presumed to be at least as well educated, as well born, and accustomed to as good society, as the gentleman to whom he offers his services. With these (it would seem *sub*) ideas, I presented myself as a candidate for an assistantship, through the medium of a wholesale druggist in the city. I have been regularly educated, have been accustomed to political society both at home and abroad, and had, indeed, been simple enough to imagine, that I possessed the common deportment and exterior of a gentleman. But now I find I have been most miserably in error; I find, that the expenses of my medical education, the habits and manners required by mixing with the best society, entitle me to actually the enormous salary of twenty pounds per annum, and further,—will it be believed?—I was told that I must take my meals in the "kitchen" with the "*other*" menials. But is this to be endured, Mr. Editor? Should not these liberal-minded men recollect, that they also are liable to the chance of becoming assistants? But I mistake; the mind that could make such a proposal, can be only fit to associate with menials, and, therefore, would find its proper level in their society. The individual who made this proposal to me, may, by chance, see this, and may possibly yet have sufficient grace left to blush at its recital. With every apology for occupying your time thus long,

I remain your obedient servant,

X. X.

# INSANITY, SUICIDE, AND SUDDEN DEATH.

THE following are the results arrived at by M. Fobert, in the paper to which, we stated at page 368, the French Academy had lately awarded the statistical prize.

**Insanity.**—The number of persons afflicted with madness, is one-third greater among women than men. Men are struck with madness most frequently about the age of 30 and 31; women about the age of from 40 to 45.

**Suicide.**—Women are generally most disposed to melancholy, on the result of misfortune; men to suicide. Suicides are generally more common among men in the month of April; among women in the month of August. Suicides are more frequent among unmarried men; but, with women, it is observed, that suicide is more common among the married. Must it be concluded from this, that marriage is beneficial to men, while to women it brings sorrow? Suicide becomes more common among men, from the age of 35 to 45. Among women, from the age of 25 to 35. The two sexes appear to preserve the difference of their manners and habits, in the choice of the means of destruction to which they have recourse. Thus men choose cutting instruments and fire-arms; women choose poison and suffocation. The more immediate causes of suicide among women, are jealousy and unfortunate attachments. Among men disappointed ambition, and the reverses of fortune. Misery produces a pretty nearly equal number of suicides in both sexes.

**Sudden Deaths.**—About half the sudden deaths are produced by apoplexy. It has been observed, that from 1804 to 1814, there was a much greater number of apoplexies, than from 1815 to 1823. Perhaps the difference is to be attributed to the moral effects produced by the political events that filled the former period. The proportion of apoplexies amongst men and women, is 1670 for men, and 697 for women.

## EAU DE COLOGNE.

*Eau de Cologne* of the purest quality, take spirits of wine of thirty-six degrees, four quarts; essential oil of cedar and of citron, each three drachms; oil of bergamot, two ounces; oil of lavender, one drachm, twenty-four grains; oil of thyme, twelve grains, neroli, three drachms, and oil of rosemary, three drachms, twenty-grains; put the oils into the spirits of wine, and leave them to infuse for one month; then filter through blotting-paper. Put into the mixture, when bottled, one part of eau de melisse.—*Jour. des Con. Un.*

## THE LANCET.

*London, Saturday, July 4, 1892.*

In the pages of this journal we have been often led to inquire into the cause of the exclusion of medical men from the important offices of state. Not only are they excluded from offices which they are entitled to hold by birth, talents, and habits, but even from offices, the duties of which cannot possibly be properly executed by any other individuals. Frequently have we spoken of the great advantages that would result to the country, if some of the seats in the *House of Commons* were occupied by medical practitioners, but still more frequently of the evils which result from their not being appointed to the office of coroner. Already have we recorded many instances of the wretched incapacity of the present "crowners," and we have now to add another of some interest.

On Sunday the 14th of June last, Mary Coates, the wife of a labouring man in the employ of a butcher of Harrogate, was taken suddenly ill after eating her dinner, consisting chiefly of gooseberry pie. The house at which the woman resided was a short distance from Harrogate. Her husband spent only from Saturday evening to Monday morning (at his house) with his wife. Up to the hour of dinner Mary Coates was in perfect health. Soon after eating, however, she began to vomit excessively, while other dangerous symptoms appeared, and her parents, named Swales, residing a quarter of a mile distant, were sent for. They used every means of which they could think to alleviate her agonies, but without avail; and she died within twenty-four hours after eating of the pie. Besides her father and mother, her little brother Richard, and a sister, were present when she died. After her death on Monday, the old man returned home with the boy; but before doing so, having no suspicion of poison, gave his son a portion of the re-

maining fruit of the pie, and ate some of it himself. Before reaching home, Richard complained of a burning pain in his throat. The anxious parent could discover no cause for it, and gave the boy some milk. Excessive vomiting followed; old Swales was taken ill soon after; the boy died on Tuesday evening. His father recovered. The girl remaining at Coates's ate either of some cake or pie, left at dinner, and was seized with violent sickness. Feeling suspicious at these sudden deaths, Mr. Scott of Woodhall, a neighbouring gentleman, directed some persons to acquaint the coroner with them, and an inquest was held on the bodies on Thursday the 18th, before Mr. Lee of Wakefield, when a verdict was returned, that the deceased died by the visitation of God. None of the evidence given was published. The bodies were in consequence interred, and all inquiry for the present was hushed.

On Thursday, after the funeral, two women, neighbours, were in Coates's house. The pieces of cake and pie still remained, and one of the women proposed to throw them away, as they might have been "spoilt" from having been in the same house with the dead. The other objected to this, as she said they would not hurt pigs or chickens. She accordingly took them home with her, and gave them to her poultry in the evening. The next morning, to her surprise, she discovered that every one of them (thirty in number) was dead. A lively suspicion was then awakened, and through the polite courtesy of Mr. Scott, further inquiry was made; Mr. Thompson, surgeon of Harrogate, who went to the spot, found pieces of the cake on the dunghill, and Mr. West, a chemist of the same place, assisted in its examination. The result was, a strong belief in the latter gentleman's mind that arsenic was mixed with it. Several of the fowls were next opened, and the examination of their crops afforded similar proofs. Upon this, under Mr. Scott's and some other gentlemen's directions, the bodies of Mary Coates and Richard Swales were exhumed on the following Saturday, and Mr. Thompson and a Mr. Richardson examined them. The outer coats of the stomachs of both were highly inflamed, but, on their contents being tested, the presence of arsenic was not so conclusive as in the

fowls, the vomiting previous to death having continued for many hours. Eventually, Costes, the husband, was taken into custody, and examined. The only particulars on this subject published, were the following:—A week preceding the fatal Sunday, his wife had purchased “a baking of flour,” part of which she made into bread, but reserved a small quantity for occasional purposes. On the bread so made, she subsisted during the week, in her husband’s absence, and continued in the enjoyment of the most perfect health till Sunday morning week, at which time her husband was present. She then made the cake and pie, after partaking of which the several events above related took place. The husband himself escaped the calamity which befell all those who partook of either. The prisoner has not yet been finally examined. Costes had been married about ten months. The unfortunate young woman’s parents were much against the match, and did every thing in their power to prevent it. The deceased and Costes did not live together on the best terms. Jane Swales still continues in a very dangerous state, from having partaken of the food. The father has recovered so far as to be able to walk, but still labours under the effects of the poison.

The above statement has been taken from the *Leeds Intelligencer*, and the proceedings were noticed a few days afterwards in the *Manchester Guardian* to the following effect:—

“The *Leeds Intelligencer* lately gave a supposed case of poisoning, which recently occurred at Harrogate. Although (according to account) two persons, after eating of the same food, died, exhibiting all the ordinary symptoms of having taken poison; although another person, who had partaken of the same food, was afflicted by the same symptoms, but did not die; although all the circumstances of the case were most pregnant with suspicion, yet, on an inquest being held on the bodies of the deceased, a verdict of “Died by the visitation of God,”

was returned, without any adequate surgical examination of the bodies, and apparently without any inquiry having been made as to the food of which the deceased persons had eaten. And, had it not been for a purely accidental circumstance, the cause of death, which may involve a crime of the highest magnitude, would have remained wholly unknown. This, we are sorry to say, is but a sample of the ordinary conduct of coroners. A few weeks ago, one of the coroners for this hundred was endeavouring to persuade a jury, in opposition to the most direct and positive surgical evidence, and in manifest opposition to common sense, that a woman, who had lost her life by poison under very suspicious circumstances, had died from natural causes.

“Of course it is not easy for us to say whether the extraordinary conduct of these gentlemen arises from ignorance and incapacity, or merely from negligence. But it is perfectly clear, that people who thus conduct inquiries touching the death of their fellow-creatures, are quite unfit to be coroners; and that all inquiries so conducted are the merest farces that can be conceived.

“The office of coroner, in fact, stands in need of a thorough reform. Friendly as we are to popular election, and to the independence of persons executing important judicial functions, we should consider the appointment of coroners by the crown a very great improvement upon the present system.”

The tone of this article has given us great satisfaction, as it is evident that the incompetency of the present race of coroners is forcing itself on the attention of the country. The appointment of coroners by the crown, however, would not lessen any of the existing evils connected with the system unless competent medical men were to be the chosen officers; and we are too firmly impressed with the advantages resulting from popular elections to relinquish them almost under any circumstances. If the freeholders of a county elect a surgeon or physician, having a diploma from a competent college, there would be little chance of their choice falling upon an incompetent

individual. But, if our colleges represented either the voice or the talent of the profession, it would be well if government were to empower them to condemn, in every instance, the election of a coroner, as medical men must always be deemed the best judges of medical abilities.

The situation of the prisoner Cortes precludes us from entering into any argument upon the circumstances which have transpired. We may, however, ask Mr. Non-medical-coroner, why the bodies of the deceased were not examined at the first request? This man should know that half a pound of arsenic, or corrosive sublimate, might have been contained in the stomach of each, and yet have escaped detection, even with his penetrating eye, without the aid of a scalpel. Really "crowners' quests," as at present conducted, are only calculated to throw suspicion on the innocent, or to protect the guilty from the just consequences of their crimes.

NON-MEDICAL CORONERS.

SIR,—I was one of fifteen jurymen on an inquest lately held before one of the coroners for this county.

I have read your observations on the manner in which the duties of a coroner are sometimes performed, and observe that in your opinion it arises from that officer's want of medical knowledge; a species of information sometimes necessary, and always useful in the discharge of his function. These circumstances induce me to trouble you with a few remarks, which, I beg to premise, do not reflect upon the integrity of the venerable and respectable individual who presided on the occasion alluded to.

The question to be determined was, whether a highly respectable person had committed suicide? The principal medical witness was not examined as to the probabilities, and was apparently screened from every inquiry that could elicit the fact; and I noticed that he did not sign his deposition. Another witness proceeded in his deposition a considerable way before he was sworn, and another was not sworn at all.

Twelve of the jurors decided that the deceased's death was accidental, and three differed from that verdict. If the coroner had been as well informed on medical subjects as he is a worthy and excellent lawyer, he

would have examined the professional evidence in such a manner as might have settled the point more to my satisfaction and that of my dissenting colleagues.

On the present occasion it is of no great consequence, because if the verdict had not been "Accidental death," the obvious alternative was "Fornication."

But often a jury have to ascertain a more important fact than whether a man destroyed himself by accident or design; and in such a case, where the jury must rely much of their enlightenment to the examination of witnesses by the coroner, it is very desirable that the coroner should be competent to the task; a thing apparently impossible, unless he have a considerable amount of surgical and anatomical knowledge.

Your obedient servant,

A JURYMAN.

Middlesex, July 1, 1839.

*The Phrenological Journal*. No. XX.  
London. Simpkin and Marshall.

*Observations on the Phrenological Development of Burk, Haro, and other atrocious Murderers; Measurements of the Heads of the most notorious Thieves contained in the Edinburgh Jail and Bridewell, and of various Individuals, English, Scotch, and Irish, presenting an extensive series of Facts tabularius of Phrenology. Read before the Royal Med. Soc. of Ed. By THOMAS STONE, Esq. F.R.S. Edinburgh: Baillière; London, Underwood. 1839; pp. 75.*

It was to be expected, that the heads of two such criminals as Burk and Haro would become objects of great curiosity to phrenologists and their opponents, and that strong appeals to the appearances which they presented, would be made for the purpose of confirming or subverting the doctrines of phrenology. If the public feeling was to be moved by either party, a more favourable opportunity could hardly have presented itself. Cruelty and cold blooded aversion, characterised the scenes in which these dreadful wretches played their parts, to an extent almost unparalleled in

the history of crime. The strongest, though the basest passions, which can sway the human mind, were involved in their acts; and while there is not, perhaps, a corner of the civilized world to which the knowledge of them has not reached, and there is not a being in society whom their commission does not affect, it would be difficult to find the individual who could not be brought to feel that, upon the consequences of the facts which have been developed in the lives of these murderers with the doctrines of phrenology, ought the credit or rejection of that science in a most important degree to depend. There must be the less hesitation to acquiesce in this position, when we know that, upon the basis of facts alone, do both phrenologists and their opponents profess to rest their claims to support. "Assail our facts," say the former, and "we are undone; phrenology admits of no exceptions." "On facts alone," with equal confidence declare the latter, "do we rely, and on these we challenge the phrenologists to peril the alleged veracity of their system." We need hardly add a word in commendation of the only grounds upon which the question can for one moment be entertained.

Such, then, being the basis upon which, by universal consent, the "science of phrenology" depends, it is impossible for us, as impartial journalists, to pass over the pamphlet of Mr. Stone, without noticing the important position he has taken, and the statements which he has recorded. They demand at the hands of every man interested in the development of truth, a very serious consideration. What kind of answer can be brought against them, it is not easy to say; but if they cannot be disproved, either the whole system of phrenology which they are intended to "subvert," must be abandoned, or the science itself must be wholly remodelled, and placed upon a basis more tenable than that on which it at present stands. It is not our intention to occupy the space that we can devote to the subject,

with many observations of our own, but from the Phrenological Journal and the pamphlet of Mr. Stone, we shall take extracts that will fully accomplish the view with which we introduce the question, and enable us to perform a duty that attaches to us as public journalists.

The first notice which was taken of the heads of these criminals, was at the Edinburgh Phrenological Society on the 5th of February, when a paper on the "cerebral developments" of the monsters was read; it afterwards appeared in the Phrenological Journal for April. Though treated with some degree of caution, the facts, "without either difficulty or hesitation," were adopted as decided proof of the truth of phrenology, and Burke's character, as drawn from a published history of his life, was thus described. His early conduct avinced the possession of intellect and moral sentiment, and for some years after, he manifested dispositions decidedly superior to those which marked the close of his career. The author discovers no breach of this, until the committal of the first murder, and he then remarks:—

"Nothing can exceed the intense selfishness, cold-blooded cruelty, and calculating villainy, of these transactions; and if the organs of selfishness and destructiveness be not found in Burk, it would be as anomalous as if no organs were found for the better qualities which he had previously displayed. Phrenology is the only science of mind which contains elements and principles capable of accounting for such a character as that before us, and it does so in a striking manner."—*Phren. Journ.* p. 55b.

The heads of Burk and Hare are, therefore, considered by phrenologists as proofs of the truth of their system. The measurements and developments of Burke are then given, the summary of which is stated in different paragraphs as follows:—

"Burk's head is rather above the middle size. The posterior lobe of the brain is large, and the middle lobe, in which are situated the organs of *destructiveness*, *secretiveness*, *acquisitiveness*, is very large; at *destructiveness* in particular the skull presented a distinct swell. The anterior lobe,

or that of intellect, although small in proportion to the hind and middle lobes, is still fairly developed, especially in the lower region connected with the perceptive faculties. Self-esteem is prominent, and has indented its form distinctly on the skull. The cerebellum, or organ of sensitiveness, was large; and Burk stated that, in some respect, his ruin was to be attributed to the abuses of this propensity, because it had fed him into habits which terminated in his greatest crimes.

Philoprogenitiveness is considerably developed; and it is a well-known fact, which was mentioned on his trial, that Burk was fond of children, and that they liked him in return. He, nevertheless, confesses to having assisted Hare in murdering one child of twelve years of age, so that he must have overcome this feeling, as he did his benevolence in murdering adults. His adhesiveness is not so large as philoprogenitiveness, but it is full. He was constant to M'Dougall, and did not betray Hare; but the greater attachment seems to have been on the part of M'Dougall towards him. Combustiveness is considerably inferior to destructiveness in size, and cautiousness is large. These, acting in combination with great firmness and secretiveness, would give him command of temper; and, accordingly, it is mentioned, that he was by no means of a quarrelsome disposition; but when once roused into a passion, he became altogether ungovernable, deaf to reason, and utterly reckless; he raged like a fury, and to tame him was no easy task; that is to say, when his large destructiveness was excited to such a degree that it broke through the restraints of his other faculties, his passion approached to madness. It is mentioned in the phrenological works, that self-esteem and acquisitiveness are the grand elements of selfishness. Both of these organs are largely developed in Burk, as are also destructiveness, secretiveness, and firmness. Here, then, are organs all large, whose abuses lead to selfishness, cunning, determination, and cruelty; and nothing could more completely accord with the character of Burk. Constructiveness is fully developed, and the organs of size, weight, and form, are large. He stated that he was fond of making little mechanical articles for himself, and of seeing machinery; and, as he expressed it, "he took a conceit in looking at threshing-mills" when in the country. Love of approbation is also considerably developed. Farther, looking at the coronal surface of the brain the seat of the moral sentiments, we find it narrow in the anterior portion, but tolerably well elevated; that is to say, the organ of benevolence, although not in a favourable proportion to the organs of the animal propensities before mentioned, is

fairly developed. Veneration and conscientiousness are full, but hope is lean in size. Love of approbation also is full. In these faculties we find the elements of the morality which he manifested in the early part of his life, and also an explanation of the fact remarked by all who saw him, that he possessed a mildness of aspect and suavity of manner, which seemed in inexplicable contradiction with his cold-blooded ferocity. The organ of imitation is well developed; and it is mentioned in the phrenological works, that secretiveness, (which in him is likewise large,) in combination with imitation, produces the power of acting or simulation. It is curious to observe, that Burk possessed this talent to a considerable extent. The smallest organs are Ideality, wonder, and wit, faculties which give refinement and elevation to the character,—in which qualities he was deficient.

"His intellectual powers remain to be adverted to. The lower range, or perceptive organs, are well developed; and it was mentioned by himself, that he had some talent for mechanical construction, and was also orderly and cleanly when he could command the means. He read and wrote with facility. He mentioned, that at one time he used to attend church, and read books on controversial divinity, and debated over the opinions in his own mind. He was tolerably well conversant with Scripture. This is in perfect accordance with his possessing full veneration. His conversation was pertinent and easy; and he showed readiness and shrewdness of intellect, but not much depth or extent of reflecting power."

Towards the close of the remarks on Burk, the following sentence, confirmatory of one of the arguments, occurs: "A man cannot commit that murder, without possessing destructiveness largely developed, and here destructiveness is very large."

The cerebral development of Hare follows in few words:—

"At a glance, the proportion of brain in the lower and back part, where the organs of the inferior propensities are situated, is perceived to be very great, compared with the top of the head, or region of the organs of the moral sentiments, which is low and flat, indicating a preponderance of the selfish and grovelling over the higher faculties of his mind. The organ of acquisitiveness, which lies in the temples, and which gives the love of gain, is very large, and stands broadly out, much surpassing the same part even in Burk, in whom it was very considerable. Next to acquisitiveness, the organs of destructiveness, combustiveness,

and self-esteem, are the most remarkable, forming altogether a combination of the lowest of the propensities, which, unguided as it was in Hare by any considerable endowment of moral sentiment, was abundantly strong to fit him for the scenes in which he acted so brutal a part. The organ of benevolence is decidedly smaller in Hare than in Burk; and it is well known that he was the more brutal and disgusting of the two. Burk, in his confessions, mentions, that Hare could sleep soundly after a murder, but that he could not; which indicates less of the moral feelings in the former than in the latter. Hare's combativeness is also larger, and his cautiousness rather smaller than Burk's—giving greater warmth of temper, hastiness, and proneness to fighting; and in proof of this having been his character, his head, on being cropped for eating, presented no fewer than six distinct scars, the remains of wounds sustained in his numerous squabbles and fights, chiefly in the Cowgate. The anterior lobe of the brain, containing the organs of intellect, is much shorter and smaller than that of Burk, although, when viewed in front, it presents a more perpendicular aspect, and may seem to be well developed. It presents no indication of the cautiousness and readiness by which Burk was distinguished even to the last. In short, the development of Hare turns out to be as complete a key to his mental character as that of Burk has been shown to be to his, and harmonises in every respect with what is known of his manifestations."—*Phren. Journ.* p. 571.

We shall close the subject with some copious extracts from Mr. Brown's interesting pamphlet in our next.

## VETERINARY COLLEGE.

A Letter addressed to His Majesty, by Mr. Charles Clark, Veterinary Surgeon, on the abuses and mispractices in this institution, has just been published. The pamphlet is well worthy of attention.

Mr. CLARK treats his subject in the following bold and uncompromising manner:—

"It cannot be indifferent to your Majesty, to learn that this institution has never fulfilled the proposed views of its liberal founders, and is at present wholly inadequate to its end, and unworthy of its title; and that the system pursued there, being one of strict monopoly, tending only to the aggrandisement of one or two individuals,

has debased and degraded the students, irredeemable, and important pronunciation which your Majesty has been pleased to patronise, not only by inadequate, imperfect, and false instruction, but by the admission of unfit persons, and a series of measures injurious alike to the welfare of the profession, and the interest of the public, and in an especial manner to the cavalry service of this country. And if I show your Majesty that this institution has no pretensions in point of practical utility to the nation, still less will it be found to have conducted to the interests of science, but rather it has been, and still continues to be, the chief means of retarding improvement in the veterinary art, through the influence of a selfish and narrow policy."

"The principal way in which the public are aggrieved by this institution, (and a very weighty one it must be considered,) is by the imperfect and false instruction it dispenses to veterinary pupils, and the consequent admission of unqualified persons to practise on the lives of their domestic animals. That incompetent, miserably incompetent practitioners, do emanate from this school; in short, that a College certificate is no assurance of professional knowledge, needs no assertion, is too well known, and is easily explained by a glance at the system of instruction pursued. Should it be imagined that there exists for the pupils any remarkable facilities of obtaining information, or of communicating it on the part of the teachers of this establishment, the fact that there is no regularly acting demonstrator, no manual of anatomy, no printed pharmacopoeia, and no instructions given on pharmaceutical subjects, will answer this suggestion. The only apparently regular means of obtaining information, is from Mr. Coleman's lectures, which, being delivered in one long course, are seldom heard twice over by any pupil, and, it would appear, must be replete with practical lore, instead of being, as in fact, notorious for theoretical argument; while, in case of the Professor's illness, Mr. Assistant Sewell has never dared to take his place in the chair. With respect to this latter gentleman, perhaps no man in the world is more unfortunately constituted for conveying knowledge to others, supposing he possessed it himself. Taciturnity and evasive rejoinder are his peculiar attributes; occasioned, it would appear, by a natural, and perhaps a well-grounded want of confidence in his own judgment, to such an extent, that it is probable a decided opinion was never obtained from him; and it appears that, to a certain important gravity of demeanour, more than to any other cause, he is indebted for success. It is evident then, and every candid pupil will bear witness to it, that there are not means

provided at the College, by which even the most willing can acquire necessary information; and those pupils who have obtained certificates in a few months, must have merely learnt by rote some answers to the queries of the medical examiners, and trusted to the Professor's favour for the rest. In these cases, which are not a few, even the Professor's lectures cannot have been attended *throughout* the course, showing, that it is not the practical information *they* afford, but the simple acquirement of *his opinions* that ensures success at an examination. At present, the pupils never perform any considerable operations on the living subject, nor are they taught it on the dead one; their only resource is to mangle the limbs of some poor animal at one of the slaughter-houses, without direction or assistance from any competent person. This sketch of the plan of the instruction laid down at the commencement of the school, and compared with that now in force, must carry to every reasonable man's mind a conviction of the total insufficiency of a *Panorama School* education, and, moreover, it will explain, what nearly every reader will have met with, instances of incapacity in those who have obtained their certificate. This said certificate is the evidence, not of real skill, merit, or knowledge, but merely certifies that its possessor has paid twenty guineas, and having acquired a general knowledge of the theoretical opinions held and taught by Edward Coleman, Esq., has been questioned by him and his *medical intimates*, and found well initiated therein: such is the veterinary pupil, knowing nothing of anatomy, pharmacy, or the performance of operations beyond what he has acquired, perhaps, by unusual attention and laborious efforts; and finding that Mr. Coleman's peculiar opinions, which procured him his certificate, were only so far useful, and not practised by any established veterinary surgeon, it is no wonder that he should be at a loss."—P. 17.

"As investigation proceeds, proof multiplies upon proof of its inadequacy; but after what has been shown, it seems needless to do more than enumerate, in a brief catalogue, some of the practical obstacles that the pupil finds in acquiring even that knowledge, the utility of which will still form a subject of discussion. Since its beginning, there has been no such thing as a good authorised publication to assist the pupil in his studies, and the best practical books by practical men being at variance with the Professor's opinions, (necessary, be it observed, to obtain a certificate,) it is useless to study them. Again, no sufficient register of cases is kept, and the utmost difficulty attends an inquiring student, who may wish to find out what a horse's disease is, or what has been done or administered, or when he went out

or came in; and should he wish for a post-mortem examination, after watching the case, this opportunity of improvement is generally cut off by the hasty and secret removal of the body to the knackers, under the direction of Mr. Sewell and his man Joseph. Add to this the uncommunicative nature of the Professor's assistant, and we see a climax of obstacles in the way of procuring information enough to deter the most ardent mind from the pursuit. But this enumeration, full as it may seem, includes only one class of evils, it merely proves the utmost degree of negligence and inadequacy in the College system."—P. 21.

Mr. Clark's pamphlet teems with proofs of the worthlessness and degraded state of the whole concern; and shows, that instead of being a national institution, it is, in reality, a paltry school in the hands of one or two selfish individuals—a private school, carried on for the benefit of Mr. Coleman and his non-veterinary examiners.

#### ON VITAL PRINCIPLE, OR ORGANIC LIFE.

By R. VINES, Esq., Mr. Coleman's Assistant at the Veterinary College

#### To the Editor of THE LANCET.

SIR,—Although the pages of your Journal have ever been open to discussion, but more especially of late to the subject of physiology, as connected with the "organic materiality of the mind, the immateriality of the soul, and the non-identity of the two;" and as the doctrine has been extensively disowned by Mr. Dequoy, and ably combated by a Divine, and also by a Phrenologist, I should not have presumed to offer any remarks, but for the appearance of a late paper on the same subject by Mr. Thomas, who, by calling in the aid of *sacred writ*, *Hebrew* and *Greek* words, appears to me to have lost sight of the subject, physiologically; and, under this impression, I beg leave to make a few comments on what he has advanced.

Mr. Thomas, it appears, has set down nine positions, to three of which he has started objections, and proceeded to answer them so as to serve his own purpose; I shall therefore, at present, confine my remarks to the two first, reserving the remainder for future notice. At the commencement of the first position, this gentleman maintains that the "vital principle operates immediately upon the brain, and intermediately upon all other parts of the human system."

Now it is by no means a very uncommon occurrence for medical men to make assertions, and then attempt to reason from them as if they really were facts; so likewise with the prolific imagination of the poet, who, from the phantoms of his own brain, pens descriptions as though from real objects. Thus then, in my opinion, Mr. Thomas has created a vital principle in his own imagination, and, at the same time, endowed it with properties of operating "immediately upon the brain, and immediately upon all the other parts of the human system." By admitting this position as laid down, for the sake of argument, the first question would be, does the brain itself possess a vital property? If so, it must then be of itself a vital substance, and its functions will indicate its vitality, and, in such a case, it cannot operate upon itself, and produce that which already is in real existence. If it be answered, that the brain does not possess a vital property, it must, as a matter of course, be dead animal matter, and subject to the laws of chemical action. I suspect Mr. Thomas to be aware of the weakness of his argument, for, in the same position, he further states, "that the brain is the machine, as it were, by which the operations of the mind are made manifest, and that this mind is identical with the vital principle." Here then it is admitted that the brain, as matter, performs functions which constitute the mind, and that mind and vital principle are identical. Now if the functions of the brain constitute the mind, and the mind is the vital principle of the brain, (which Mr. Thomas states to be the case,) then these are functions of matter endowed with a property termed vital, which property constitutes the mind or *vital principle of the brain*. How then, let me ask, can the mind or vital property of the brain operate immediately on the brain, and immediately on the human system, and produce that which is already in a state of real existence. The following appears to me much more rational than what Mr. Thomas has laid down in his first position, viz. that the vital principle is only an imaginary something, indefinable, and without substance; matter endowed with properties both to act and to be acted on by external agents, which properties are commonly termed vital principle, *irritability*, but more properly by Dr. John Brown, *excitability*; and that this vital principle, or, more properly speaking, vital property, not only belongs to the brain and nervous system of the human subject, but likewise to the fluids and solids of every living animal and vegetable body in existence; it varies in animals, as well as in different parts of the body of the same animal at different periods of life, as well as with the seasons of the year, and also with the

situation in which the animal or vegetable body is placed; in short, it constitutes the life, or what is termed the *vital principle* of each; each possesses this *vital property* for a certain period, in some bodies for a long time, but in others only a short space; the sap, or blood of each, occasionally forms itself into separate portions of live animal or vegetable matter, termed seed, or semen, which, from being possessed of similar properties (though in a less degree) to those of the former, through the agents which support life, ultimately become perfect animal and vegetable body, possessing the same degree of vitality as that from which it was originally produced. In the former of these, the vital property, after remaining stationary for a certain space of time, becomes gradually diminished, and at last ceases to exist; it is then termed dead animal or vegetable matter, and is subject to the laws of chemical decomposition or vitality; in the former, it undergoes putrefactive fermentation, is converted into gaseous substances, and ultimately enters into union with a phosphoric air and water to combine with the fluids of living animal and vegetable bodies, and ultimately again become living animal or vegetable matter. In the latter instance, it is subject to the laws of vitality, by being taken into the stomachs of animals, undergoing the process of digestion, and ultimately combining with the blood, by which it becomes live animal matter. Thus, therefore, animal life becomes vegetable life, and this, in return, again becomes animal; at first in the state of a fluid, but which afterwards assumes solid forms. The blood, then, of animals, as well as that of plants, (termed sap,) possesses a vital property, or power, of forming itself into animal and vegetable bodies, and, at the same time, of supporting the functions of the organic textures to which it belongs. It also possesses a property of forming itself into separate organic textures, in the shape of seed or semen, endowed with a similar vital property (but in a less degree) to those to which they previously belonged, and these ultimately become perfect animal and vegetable bodies, possessing the same degree of organisation and vitality, as those from which they were originally derived.

The brain and nervous system of the human, as well as of other animal bodies, are, therefore, both formed by, and supported by, the blood, and are, consequently, organs composed of matter, endowed with vital properties termed *sensation* and *motion*, entirely different to the property of *formation*, which wholly belongs to the blood; they therefore have no power or property of producing themselves, or any part of an animal body. Thus sensation, motion, and formation, are each of them vital

properties, but entirely different from each other, the former belonging to the brain and nervous system, and the latter to the blood; how, then, can the "principle of life itself reside in the brain, and nowhere else," so as to operate immediately on the brain, and intermediately on the system," as Mr. Thomas states to be the case in his first and second positions, when at the same time it is clearly shown, that the brain has nothing to do with its own *formation*, and consequently it cannot be the cause of its own actions, which are *sensation* and *motion*. We therefore know nothing as regards the cause of vitality, the cause, or causes, of its first existence, the manner by which it still exists, or how long it will exist. these are points at present undefinable to our senses. All we know is, that matter is endowed with the property of undergoing various changes from vital to chemical, and again from chemical to vital: the cause, or causes, which first produced, and still continues to produce, these changes, is in all probability, the same as that which first produced, and still regulates the action of, the planetary system.

Royal Veterinary College,  
June 22d, 1829.

FEVER AT GIBRALTAR.

On Thursday the last meeting of the session, at the College of Physicians, was held in the Hall of the College.

Sir H. HALFORD took the chair, and was decorated with his star and ribbon. The meeting was very much crowded.

The President congratulated the meeting on having every plant of the *Materna Medica* now in flower before them. They were indebted to Mr. Liff, of Hammsmith, for this acquisition.

The attention of the meeting was called by the President to a communication laid before the College, by Sir George Murray, Secretary for the Colonies, being the report of the Commissioners appointed by Government to inquire into the causes of epidemic diseases at Gibraltar. An abstract of the voluminous details was read, from which it appeared that the Commissioners had divided the report into two heads, viz., the origination of the disease in the garrison, and its probable introduction by infection.

On the subject of the disease originating in the fort, many of the medical gentlemen, appointed to inquire into the subject, were of opinion that the malady was to be attributed to bad ventilation, the defects of the common sewers, whereby their pe-

riodical cleansing was prevented; and, thirdly, the proximity of *les necessaires* to the dwelling houses.

Another opinion was, that the fever was introduced on the late occasion by a Swedish vessel from the Havannah, and was similar to the yellow fever of the West Indies.

The meeting was then adjourned.

PERSISTENT SURGERY AT LA PITIE.

THE following anecdote of M. Roux, the condutor of the venerable Boyer, in the above hospital at Paris, is related by Dr. Bartlett, of Lowell, as having occurred while he was a student. M. Roux, though a skilful, dexterous, and determined operator, is deplorably deficient in sound judgment and foresight. He is particularly fond of tedious and difficult operations about the mouth and face. The following case of deformity was in the hospital during the whole period of Dr. Bartlett's attendance, eleven months, exhibiting a remarkable example of perseverance on the part of the surgeon, and of fortitude on that of the patient. She was a girl 18 or 20 years of age, whose left cheek had been perforated by an ulceration following an attack of fever. She was in good health, and though the deformity was easily concealed by wearing an adhesive plaster, and occasioned but trifling inconvenience, she was anxious that it should be removed, and M. Roux consented to make the attempt. The opening was but three-quarters of an inch in diameter; the edges were pared and brought together with sutures and adhesive straps. The operation, however, was unsuccessful, and, after the expiration of some weeks, was performed again on a part of the opening: this was partially successful. After repeating the same operations, variously modified several times, and always of a long and painful nature, without being able to close the aperture, M. Roux proposed attempting to fill it up, by a piece of skin taken from the inner side of the palm of the hand. The girl, after due deliberation, and many vain attempts to persuade some one of the gallant students to substitute his hand for her own, consented, and the operation was accordingly performed. The edges of about three quarters of the opening were once more pared off; and the piece of skin still partially united to the hand, was neatly adapted to the opening, well sewed in, and the hand and cheek were strongly bandaged together. Strong hopes were now entertained of success, but they were idle. The poor girl dreamed in her sleep, started in her dream, and snatched her hand with so much force, that at the end of

four days, on removing the dressings, the piece from the hand was found entirely torn away from the cheek. But "all despondendum," cried the surgeon, and the poor girl determined, if possible, to have a whole cheek, consented to another operation. To accomplish this, M. Roux formed the idea, that a part of the upper lip might be made subservient to his purpose. The lip was accordingly slit down from the nose, and then divided up to the opening in the cheek. This piece of lip, after the necessary paring of edges, was turned up, and secured by ligatures in the perforation, unsuccessfully closing the cheek. But, in consequence of this appropriation of the lip, the left corner of the mouth was drawn so much out of place, as to be brought below the nostril in front; the deformity was thus made greater than ever, and was so situated, that it could not be concealed. The result was, that after having been suffering a painful operation once in every six or seven weeks for nearly a year, the unfortunate patient got ready for further operations to remedy the deformity of the mouth; but what eventually became of the case, Dr. Bertlett was unable to say, for while the girl was in this situation he left the hospital.

#### EXPERIMENTS ON URINE.

DR. F. BAILLY, from a series of minute experiments on the urine voided by a female aged 17, labouring under incipient phthisis, arrives at the following conclusions:—That the colour of transparent urine affords no criterion of its nature, the amber tint being equally common to the acid and the neutral kind. That the appearance of crystals on the surface of urine, especially if abundant, is an almost certain proof of its neutrality. That the turbid yellow urine, or that abounding with lithate of ammonia, has the greatest specific gravity; the deep amber coloured in general comes next; the very pale water is uniformly the lightest. That the transitions from an acid to a neutral state are very frequent, and take place in a very short space of time. It is a general fact, that in the same day the kidneys will secrete the most neutral urine, abounding with crystals of the triple phosphate, and highly acid urine, loaded and rendered turbid with lithate of ammonia. That the daily recurrence of febrile paroxysms, are not incompatible with a uniformly transparent state of the urine. That the specific gravity of acid urine generally exceeds that of the neutral kind.—*Med. and Sur. Jour.*

#### ST. THOMAS'S HOSPITAL.

##### HEMIPLEGIA.

ANNE EASTERNBROOK, ten years of age, admitted into Lydia's Ward, No. 7, on the 30th April, under the care of Dr. Roots, with complete loss of sensation over every part of the left side, as far as the median line; so that she is unable to feel a firm thrust on that side. The left half of the tongue perfectly insensible; cannot distinguish between the taste of salt and sugar there; drags the left leg when she attempts to walk, the foot turning inwards, and has very little power over the left arm; heat of each left extremity below the natural standard. It is stated, that the mother had fever of the typhoid kind when the child was eleven months old, during the period of suckling, since which it has had a deficiency of power over the voluntary muscles of the left arm and leg, and a diminution of sensation. These symptoms have been much aggravated during the last three months, and accompanied by constant pain on left side of head, shooting through from the orbit to occiput, with increased heat of head. Cannot distinguish objects with the left eye, only perceiving an indistinct glimmering of light with it, but the pupil contracts and dilates, if stimulated by light. Sleeps soundly, but has always pain in the head when she awakes. Pulse 104, small and compressible; appetite good; tongue coated; bowels open. Has ever been a sickly child from infancy. Ordered the head to be shaved; eighteen leeches to be applied to the left temple, and behind left mastoid process. Take three grains of calomel twice a day, and keep a cold lotion constantly applied to the left side of the head. Milk diet.

May 1. Has not experienced any relief from the leeches, which made her very faint. Says the pain in head is increased. Pulse 112, soft; heat of skin on right side; bowels open once. Apply a blister to left side of head, and take of jalap, with calomel, a scruple immediately.

2. Has been restless during the night from severe pain in the head, shooting as before, from the orbit to occiput. Pulse 128, more full and incompressible; tongue white and furred; bowels freely purged; the whole of the left side remains insensible. Sixteen leeches to the forehead and behind ears.

*Mercury, with chalk, five grains; Tartarised antimony, one sixth of a grain every six hours.*

3. Bowels relaxed; no sleep during the night from pain in the head. Omit the lo-

tion; eight leeches to the temples. Three p.m. still complains of headache; face flushed; skin hot and dry; tongue white; papillae elongated; throat red and sore; pulse 124, soft, and full. Sight of left eye much improved. Has a pricking sensation in the left half of tongue, and over the whole of left side, excepting the arm.

4. Mouth slightly affected with the mercury; has lost all pain in the head; face less flushed; sense of feeling restored at every part, and has a little more power over the muscles of left arm and leg; very little soreness of throat, but complains of pain in the chest. Pulse 128, more full; bowels relaxed; restless at night. Eight leeches to the temples. Nine p.m., increased pain in chest; pulse full and frequent. Twelve leeches to the chest.

5. Pain in chest relieved by the leeches, but was unable to sleep much. Has lost all soreness of the throat, and redness gone; tongue white; face flushed; skin hot; pulse 114, soft and full; bowels purged.

6. Complains of pain in the neck, where there are enlarged glands. A blister to be applied behind left ear; twelve leeches to the neck and temples.

7. Has been very restless during the night, and talked incoherently, but sensible when roused. No pain nor heat of head, but suffers much in the neck; bowels open; pulse 114, more incompressible. Ten leeches to the neck.

8. Experienced only temporary relief from the leeches; had a rigor this morning; general heat of skin; tongue coated, brownish; pulse full.

9. Free from pain; tongue more clean. Sago and syrup; castor oil to-morrow morning.

11. Had a rigor yesterday morning at nine; not feverish after. Is now free from pain; tongue more clean; bowels open; pulse 128, soft and compressible; head hot. Omit the mercury with chalk and antimony. Apply cold lotion constantly to the head, and take—

*Sulphate of quinine*, 1 grain;

*Compound infusion of roses*, 1 ounce every six hours;

*Beef tea*, 1 pint daily.

13. Has had no return of the shivering; sleeps well; heat of head continues; pulse 140, soft, full. Complains of pain at angle of left jaw; bowels open; tongue nearly clean. Omit the quinine and beef tea. Eight leeches to the temples.

*Mercury with chalk*, 5 grains;

*Powder of antimony*, 5 grains every six hours.

15. Sleeps well; free from pain.

16. Complains of pain of the left parotid

gland, which is enlarged; pulse 106, soft, not full; tongue whitish. Three leeches to the enlarged gland; castor oil, half an ounce immediately.

18. One leech to the enlarged gland, and afterwards a linseed meal poultice.

19. Skin cool; bowels open; tongue clean; free from pain, except in the situation of the parotid gland. Take the pills only twice a-day.

22. Gets up a little every day. Sensation every where perfectly restored; has much more power with left arm and leg. Gland appears to be suppurating.

23. Omit the pills.

27. Bowels open; appetite good. Four leeches to the neck, and continue the poultice afterwards.

30. Swelling in neck rather painful, otherwise going on well. Apply a broad poultice to neck; six leeches to the temples; rhubarb, with mercury, twelve grains immediately.

June 2. Slight pain in the head; bowels open; pulse 120, compressible. Four leeches to the temples. The gland has been opened, and discharges healthy pus.

3. No pain in head; sleeps well; pulse very compressible; sight and feeling perfect.

6. Appetite and sleep good; bowels regular; the gland has ceased to discharge, and is getting stronger.

10. Perfectly well in every respect, excepting the slight weakness of left side, which she has had from infancy.—Discharged.

#### CASE OF CARBUNCLE.

George Cox, *etat.* 24, a man of pale complexion, by trade a leather-dresser, was admitted on the 11th of June into Jacob's Ward, No. 89, under the care of Mr. Tyrrell, with an extensive carbuncle, occupying nearly the whole of the back part of the neck. He states that he has not been addicted to hard drinking, nor has in any way led an intemperate life; has been out of employment for some time, and, with his wife and family, has subsisted chiefly on potatoes. According to his own statement, the swelling commenced nine days before Whit Monday, attended with a sensation of itching and burning heat, feeling as if the back part of his head and neck were immersed in boiling water, and accompanied with a violent throbbing pain. His appetite has been very bad, and could scarcely take any rest at night. Was an out-patient at the hospital a week before admission, and had had small incisions made in the centre of the swelling by the dresser for the week, (but from which he says he derived no benefit,) who ordered him a purgative pow-

der, which operated violently; and, as local remedies, poultices and lotions had been applied.

When visited by Mr. Tyrrell on the day after his admission into the house, the carbuncle presented a circumscript tumour, extending from the protuberance of the occipitis above, to the spinous process of the seventh cervical vertebra below, and reaching nearly to the sterno-cleido-mastoidæus muscles on each side, with a deep sloughing ulcer in the centre, about as broad as the palm of the hand, producing an offensive discharge. The edges of the ulcer were very hard, and the integuments immediately surrounding it, of a purple colour, but beyond that, of a dark red. Tongue clean; pulse rather weak; bowels open; violent pain at the back part of the head. Mr. Tyrrell made a free crucial incision through the whole extent of the tumour and slough, and ordered a piece of lint to be applied to the part, previously dipped in a dilute solution of chlorid. of soda, (one part of the chloride to three of water,) and over this a cataplasm of linseed meal. A pint of porter and meat daily, and take of

*Sulphate of quinine*, 3 grains, in infusion of roses, three times a day;

House medicine as occasion may require.

15. Less pain in the head and neck; says he found relief soon after the incisions were made on Friday. Bowels freely open; discharge increased, with a very disagreeable fetor. Can procure but little sleep; pulse small and weak; appetite improved.

17. Sloughs coming away very freely, and healthy granulations begin to show themselves; discharges less offensive; pulse somewhat fuller. Slept rather better during last night. The upper part of the wound to be dressed with strips of adhesive plaster under the poultice, and, in addition to the other remedies, to have half a pint of port wine daily, and a grain of the extract of opium every night.

22. The sloughs are all come away, and the sore of a healthy granular appearance. Pulse improved in force, and he expresses himself as considerably better, but still has some pain at the back part of head.

Mr. Tyrrell observed, that it would be improper to stimulate too much, as there was danger of its producing a great deal of cerebral disturbance.

25. Continues to improve, as his countenance fully indicates. Bowels kept open with house medicine. Sleeps tolerably.

29. The wound is fast healing, and presents a healthy appearance, being nearly filled up with granulations. Bowels regular; pulse natural; appetite good, and only complaints of slight headach on stooping over the edge of the bed.

#### LITHOTOMY.

On Friday, June 26, Mr. Tyrrell performed the operation of lithotomy on a little boy seven years of age, rather pale in countenance, but, on the whole, of healthy appearance. The ceremony of binding the patient having been accomplished in the usual manner, the staff was introduced into the bladder, and held in its situation by Mr. Travers. The operator now commenced the first incision immediately underneath the arch of the pubes, and carrying it backwards on the left side of the raphe to about two inches, divided freely the integuments and superficial fascia. Two similar incisions were then made, (dividing the perineal muscles usually cut through in this step of the operation,) and the point of the scalpel was fixed, without any difficulty, in the groove of the staff. The beak-pointed knife generally made use of by Mr. Tyrrell was then introduced into the groove, and the scalpel being withdrawn, the operator laying hold of the staff, and gently depressing it with the left hand, at the same time gradually passed the knife forwards into the bladder. The forceps were then introduced, and a large stone of an oblong shape, about one inch and a quarter in length, was easily extracted; soon after which the boy was conveyed to his bed, and the chamomile bags, always made use of on those occasions at this hospital, were applied to the abdomen, to be renewed every fifteen minutes.

June 30. Bowels open; sleeps well; has had no pain nor tenderness in the abdomen. The urine has passed freely through the wound, and come by its natural channel; in every respect doing exceedingly well. The part is now completely covered with adhesive plaster, having a poultice over it.

#### AMPUTATION OF THE THIGH.

Mr. Green afterwards amputated the thigh of a man, ætät 64, who had been labouring for some time under disease of the knee (a large abscess, but not, we believe, communicating with the joint). The operation was quickly performed, the operator leaving more of the integuments than usual, to allow for the retraction of the muscles; and the patient was kept some time on the table, after the limb had been removed, on account of there being some difficulty in getting to tie a small vessel which had retracted behind the soft parts. In the evening his pulse became very feeble; this being observed by the dresser, (Mr. Martin,) he very judiciously administered some port wine, which had the effect of reviving him, and he passed a tolerably comfortable night, with the exception of occasional twitchings in the stump, and has since been doing well.

## ST. BARTHOLOMEW'S HOSPITAL.

## CONCUSSION OF THE BRAIN.

**JAMES DENNIS**, *ætat.* 20, a gentleman's servant, of short stature and sallow appearance, was admitted into Henry the Eighth's Ward, May 12th, in a comatose state. From the account given, it appeared he had fallen from a very considerable height. In the fall, his occipital bone came in contact with the stones. The accident happened three days before his admission, and from that period to the time at which he was brought to the hospital, he had continued perfectly insensible. Extremities cold; pulse very feeble, and respiration scarcely perceptible. Had been bled twice before admission. Ordered calomel and jalap.

13. With great difficulty he has been made to swallow the calomel and jalap. Eighteen ounces of blood have been taken from the arm. An injection of 40 drops of the tincture of opium, with two ounces of milk, has been administered.

14. The pulse has risen, the extremities become more warm, but he is still unable to speak, though he exhibits occasional signs of sensibility. Take 18 ounces more blood from the arm.

15. Repeat the bleeding to 16 ounces.

June 19. Has been bled repeatedly; has had croton oil, and calomel and jalap administered at different times; leeches to the temples, and a blister behind the ears. Is now doing well. Can sit up for a short time, and talk, though it is with great difficulty he can articulate. Remembers something of the accident, but can give no distinct history of it.

24. Is continuing gradually to recover. His appetite is good, and he wishes soon to be allowed to have more substantial diet than milk.

OBSCURE ENLARGEMENT UPON THE  
NUNNERY.

**Hannah Rodwell**, *ætat.* 22, of small stature, and delicate and dark complexion, a servant, was admitted into Faith's Ward, April 16th, under the care of Mr. Lawrence, with a swelling on the middle of the outer side of the right arm, very strongly resembling a case of exostosis. The tumour is hard, about as large as the half of a middle-sized cocoa-nut cut longitudinally. It appears to proceed from the bone, or to be very closely in contact with it. The coverings are not at all disfigured. When the arm is suffered to hang down, the patient is in pain, and the least pressure upon the tumour occasions much suffering. Be-

tween four and five years ago, she injured the arm by a fall. After the application of several remedies, it was, as she supposed, cured. A month ago she fell again, and struck the arm against the curb-stone in the street; this caused the return of pain, and superintention of the swelling. Ordered to take the compound calomel pill every night, the senna draught immediately, and to keep a bread-and-water poultice applied round the arm.

18. Apply 12 leeches, and continue the other remedies.

20. The pain has gradually increased, as well as the swelling. Apply 18 leeches more. Abide by the first directions, and take the effervescent draught every three or four hours.

22. Since the leeches have been applied, the tumour has continued to enlarge, but in substance has become softer. Complains of violent pain in the head, which has annoyed her for the last three or four weeks. The stomach rejects almost every thing. Tongue white; pulse rather accelerated. Continue the treatment as above.

May 24. The stomach has become less capricious. General health rather improved, and the arm is much the same. The pain in the head removed. The tumour rather decreased, and complains only of pain in it when it is touched. After having been kept for a few days longer in the hospital, she was made an out-patient, but was nearly in the same state as when first admitted.

## HOPITAL DE LA CHARITÉ.

## OPENING OF THE BRAIN.

**Charlotte Marie A.**, *ætat.* 62, of a nervous temperment, from infancy in the continual enjoyment of good health, began in January, 1828, to be affected with headache and giddiness, and, at the beginning of February, 1829, was attacked with an apoplectic fit, from which, after free bleeding, she recovered, although with a deficiency of speech, continual headache, and, occasionally, confusion of her ideas. In this condition she continued till the 22d of March, when she had another attack of apoplexy, from which she also recovered, though more slowly than before, and with a paralytic affection of the left side remaining; on the 25th of March, she was admitted in the following state: the countenance was pale, the eyes staring, speech slightly embarrassed, the tongue directed towards the right side, the left arm and leg completely motionless, but sensible. She was perfectly conscious of her state, and complained of

violent pain on the right side of the head. She was ordered cold lotions over the forehead, sixteen leeches behind the ears, a blister on the right thigh, and acidulated potions. On the 27th, the headache was still of the same intensity; speech was a little more impeded, the pulse small and frequent, the left arm and leg less sensible than before. A large blister was applied to the back, the other remedies were continued. On the 28th, the headache was still more violent; the patient seemed to be less conscious, and answered with some difficulty the questions put to her; the pulse was small and intermittent. Under the use of the *infus. cinchon.*, which was added to the former remedies, no improvement ensued, she fell into a complete stupor, respiration became difficult, the stools were passed involuntarily, and she died on the 31st, in the afternoon. On examination, the dura mater was found firmly adherent to the skull, the arachnoid was very strongly injected on the right side, and the pia mater closely attached to the right hemisphere; a very striking difference was observed between the size of both hemispheres, the right being enlarged as it were posteriorly and towards the middle, and, on the whole, at least by a fifth larger than the left. The gray substance of the interior lobe on the right side was softened, and, in some places, actually diffused; the medullary substance of the anterior and middle lobe was of a yellowish gray colour, and, in some parts, could not be distinguished from the cortical substance; it was also much softened; the lateral ventricles contained a small quantity of serum, that on the right side was higher than usual, and was, in some degree, compressed; the thalamus opticus and corpus striatum being much more voluminous than usual; their substance, as well as that of the septum lucidum, was greatly softened.

CASE II.—Sophie D., thirty-seven years old, of fair complexion and lymphatic temperament, had, from her infancy, been of very delicate health. From her fifteenth year she had been subject to palpitation and shortness of breath on the least exertion. In July, 1848, she was affected with anasarca, which, however, disappeared within a short time; and, at the beginning of February, 1849, she was admitted on account of rheumatism of the left knee, from which, in the middle of March, she had almost completely recovered, when she was seized with bronchitis, for which she was largely bled. On this occasion, the stethoscope being employed for the first time, the action of the heart was found to be very tumultuous, and accompanied by *bruit de soufflet*. On the 23d of March, she was found to be in the following state: the countenance was very pale, and had a melancholy expression; the

pulsations of the heart were very frequent, regular, and accompanied by *bruit de soufflet*, and strong impulse on the left side; the action of the heart could be heard almost at any point of the chest; the pulse was hard and frequent. The patient was ordered to take a diuretic mixture, and to rub in the tincture of squilla and digitalis. Under the use of these remedies, her condition gradually mended, respiration became more free, the pulsations of the heart less violent, &c. On the morning of the 5th of April, however, a great change for the worse took place; the intellectual faculties, which, during the whole of the disease, had been undisturbed, were suddenly suspended, the patient was insensible to what passed around her, and gave no answer to any question; the countenance was puffed and stupid, the eyes were staring, and there appeared a slight determination of blood towards the head; movement and sensibility seemed undisturbed on either side. The respiration was free; and the pulsations of the heart, although accompanied by the *bruit de soufflet*, not very violent. After the application of twenty leeches behind the ears, and of a blister on the neck, the patient appeared to become a little more sensible, and to understand the questions put to her; the right side was completely paralysed, insensible, and motionless; the stools were passed involuntarily, &c. On the 7th, the left side also became insensible, and deglutition difficult; the pulsations of the heart, which were weak and irregular, were still accompanied by the *bruit de soufflet*; respiration gradually became laborious, and the patient died on the 10th of April, not more than five days after the symptoms of cerebral affection had been first observed. On examination of the body, the dura mater was found healthy, the arachnoid on the left side strongly injected, and covered with ecchymoses; the pia mater firmly adhered to the gray substance of the brain, which was of a yellowish gray colour, and quite fluid, though, on the right side, apparently healthy. The medullary substance was reduced to a brownish liquid, so that it was impossible to take it off in layers; the lateral ventricles contained a small quantity of serum; the thalamus opticus and corpus striatum of the left side were softened on their surface, and in their substance were numerous ecchymoses. The inferior surface of the brain, and the cerebellum, exhibited nothing irregular. The right lung was firmly adherent to the pleura, but, as well as the left, healthy in its substance, the heart was considerably larger than usual, and the free margin of the mitral valve thickened, of a cartilaginous firmness, and beset with small fringed processes, which, on closer examination, were found to be the extremities of the tarsus

column, which had been ruptured in the middle portion of their tendinous extremities.—*Journ. Hebd.*

### HOTEL-DIEU.

ANEURISM OF THE RIGHT SUBCLAVIAN, LIGATION OF THE ARTERY, ACCORDING TO MR. WARDROP'S METHOD, ON THE DISTAL SIDE OF THE SAC.

N., forty years old, a labourer, of middle stature, and a vigorous constitution, having been in the constant enjoyment of good health, &c. &c. in the beginning of January last, in consequence of over exertion, a numbness along the right arm, and a stiffness and dull pain on the right and anterior side of the neck; on examining which, he found above the clavicle a round, elastic, and pulsating tumour, of the size of a filbert, which he took for an enlarged gland, and did not use any remedy. The pain and stiffness of the neck, however, gradually increasing, and the right arm becoming cedematous, and so weak as to make him unable to work, he applied to a surgeon, by whom he was bled, and advised to abstain from exertion, to observe a spare diet, and to apply lotions over the right side of the neck. This plan was strictly followed, but the tumour slowly increased, especially upwards; the weakness and oedema of the arm continued, and, at last, terminated in complete immobility. On his entrance into the Hotel-Dieu, on the 28th of May, 1829, the tumour occupied the triangular space between the sterno-cleido-mastoid and trapezius muscles and the first rib, being, as it were, divided into two halves by the clavicle; by forcibly compressing it, acute pain was caused; the pulsations were very violent, synchronous to those of the heart, and accompanied by *bruit de sanglot*, which coincided with the systole of the ventricles. The pulsations of the heart were perfectly natural; respiration was free and audible over the whole chest; the right arm was cedematous, benumbed, and could not be moved; the hand was half closed. The general health of the patient was not affected.

M. Dupuytren observed that, in this case, the subclavian artery could not be tied between the heart and the aneurism, not even according to Delpech's plan, before it passes through the scaleni, and that there were, accordingly, but two methods left, viz. either that of tying the innominate, as had been done by Mr. H. at New York, in 1818, and by Græfe at Berlin, in 1822, or of tying the artery on the distal side of the aneurism, according to Mr. Wardrop's plan. The former method of operating, M. Dupuytren

considered as offering no chance of success, and even, in the present case, inapplicable, the pulsating tumour being distinctly to be traced behind the sterno-clavicular articulation; he therefore decided on the latter, after having watched the case for a week or two.

From the 28th of May to the 15th of June, the patient was seven times bled, and ordered a spare diet. The tumour was kept constantly covered with ice. On the 14th of June, the operation was performed in the following manner:—The patient being placed on his back, M. Dupuytren made an incision, parallel to, and about two-thirds of an inch below, the clavicle, from the internal margin of the deltoid muscle over the great pectoral. The length of the incision was about three inches, and by it the skin, cellular tissue, and fibres of the pectoralis, were divided, and the aponeurosis, which covers the pectoralis minor, laid bare. Several arteries having been tied, the aponeurosis and the pectoralis minor were divided in the same direction, though to a smaller extent. The axillary vein immediately presented itself, enormously dilated, and moved by the pulsations of the artery. The latter vessel, which appeared healthy in structure, and somewhat flattened by the dilatation of the vein, being, by means of the probe, separated from the surrounding cellular tissue, nerves, and vein, a curved needle, with a silk thread, was passed round it, and tied. The operation lasted about thirty-six minutes; the hemorrhage was comparatively small, and did not exceed six ounces. At the moment the circulation was arrested in the axillary artery, the aneurismal tumour made about twenty violent pulsations, and appeared to become larger, but within half a minute returned to its former size. The wound was simply dressed, and a compress with Goulard's water kept over it; lotions were placed on the tumour, and twelve ounces of blood taken from the arm a few hours after the operation.

On the 15th, the patient was in a very satisfactory state; the tumour had diminished in size, and the pulsations in it were less violent; the right arm was of the natural temperature, and as sensible as before the operation. He was ordered to keep very quiet, and to take half a grain of the acetate of lead every three hours.

[We shall take care to lay the result of this important operation before our readers, and regret only that the French journals, *La Clinique* and *La Lancette Française*, from which the case is extracted, give such superficial accounts of the patient's condition during the first days after the operation.]

## PRESERVATION OF THE BROOD OF EYE.

To the Editor of THE LANCET.

SIR,—If a small piece of camphor be put into a bottle, containing ergot of rye, reduced to a fine powder, the peculiar properties of this invaluable remedy will be retained, unimpaired, for a considerable length of time, two or three years at least.

As I am not aware that this fact is generally known, I shall feel obliged by your inserting it with a place in the columns of your very valuable and talented Journal.

I remain, Sir,

Your obedient servant,  
38, Manchester Street, B. F. G.  
Manchester Square.

IRISH APOTHECARIES AND SCOTCH DUBS.

To the Editor of THE LANCET.

SIR,—I perfectly concur in the remarks of your Correspondent, "A Dublin Apothecary," as regards the impropriety of admitting physicians or surgeons to take upon them that important branch of the medical profession. In the sister country, the practices of physician, surgeon, and apothecary are perfectly insulated and distinct. If the latter presume to visit a patient, it is looked upon as an instance of undue interference, and does not fail to generate considerable personal animosity and jealousy. The doctrine of non-interference being established on one side, there seems no just reason why it should not be equally observed on the other. If the apothecary be precluded from visiting patients, the physician or surgeon should also confine himself to his respective duty, and submit the management of that more humble, but not less important branch, to those persons, who, from experience and habit, are more immediately qualified for the faithful discharge of it.

A few more observations suggest themselves, Mr. Editor, but at present I shall confine myself to the above, and remain

Your constant reader and friend,

APOTHECA.

London, June 24th, 1829.

## PHYSICIANS' PER CANTIAKE PLUNDER.

To the Editor of THE LANCET.

SIR,—The liberal spirit you evince in the correction of abuses of whatever tendency, relating to the honour or dignity of our profession, induces me to inquire whether it is not unworthy an honourable or scientific man, or the profession he belongs to, under pretence of giving advice to the

poor gratia, to direct all his patients to some particular druggist, who, in league with himself, charges more than double the actual value of the medicines prescribed, under the pretence that they cannot be procured genuine elsewhere, and who, when they discover their prescriptions to have been dispensed elsewhere, give the poor patients no small share of abuse? In order to carry on more effectually the above disgraceful practices, the prescriptions are written so as to be nearly unintelligible to any, except the ignorant participator of the fraud; whilst compositions are ordered which have no existence in the Pharmacopœia, as, for example,

"Pil. hyd. cum roa!"

N. C. W."

Should you deem the above worthy of insertion, you will oblige

A CONSTANT READER.

## MEDICAL BENEFIT SOCIETY.

To the Editor of THE LANCET.

SIR,—You having done me the favour to insert my note relative to the formation of a Medical Benefit Society, and a most able letter on the same subject from Z, permit me to trespass on your attention by requesting the insertion of this note, and to say, that if Z or any of your numerous readers will co-operate with me, and address a note to me, enclosing their real name and address (post paid, none else will be received), to be left at the twopenny post-office, Brewer-street, Golden-square, I will, if I am supported by the profession, convene a meeting to consider the subject, and form rules towards effecting the establishment of an institution likely to benefit more or less all classes of the medical community.

I have the pleasure to remain,

Yours obediently,

H. W. D.

Lamb's Conduit street,  
June 30, 1829.

## NEW FOOD AT THE FRENCH HOSPITALS.

THE use of gelatine from bones is becoming very general in the French hospitals as an article of diet. In La Charité, upwards of a thousand rations a day are produced by means of a steam apparatus. The patients are said to approve of it much, as it is made very pure, and may be flavoured in any way that is wished.—*Lit. Gaz.*

## TO CORRESPONDENTS AND ADVERTISERS.

IN a small part of our impression last week, two pages of Advertisements, owing to an accident, were omitted.

# THE LANCET.

Vol. II.]

LONDON, SATURDAY, JULY 11.

[1828-9.]

## CASE OF RECTO-VAGINAL OPENING

FOLLOWING LACERATED PERINEUM, SUCCESSFULLY TREATED BY OPERATION.

By JOHN INGLIS NICOL, M.D., one of the Surgeons to the Northern Infirmary in Inverness.

ALTHOUGH cases of lacerated perineum will sometimes occur under the most skilful management, the kindly disposition of the parts to heal, especially when aided by judicious after-treatment, most commonly precludes those calamitous consequences to the unhappy sufferer, of which the following case furnishes an example.

Mrs. B., *ætat.* 24, a little woman, was delivered of her first child in the latter end of 1827, after a tedious labour. The case was conducted by an ignorant country midwife, and the perineum was lacerated to a considerable extent. Ulceration and loss of substance followed; her recovery was tardy, and after a long confinement, the faces continued to be voided principally *per vaginam*. A natural delicacy prevented her from applying for surgical assistance until very lately, when, upon examination, I found the parts had healed up, leaving an aperture capable of admitting the finger to pass into the rectum, and distant nearly two inches from the perineal margin of the *os externum*. Through this opening the relaxed folds of the rectum projected forwards into the vagina, forming a tumour about the size of a walnut, and the feculent matter kept up a continued excretion of the passage. By drawing the perineum towards me and reducing the gut, I found it could be retained or confined in its proper place, with the exception of a very small portion towards the lower edge, which, by adhesion to the vaginal surface, continued irreducible. The bowels were freely evacuated, and she was placed on a spare liquid diet. The vagina was kept distended by means of a lithotomy forceps, a clumsy expedient, but the only dilator then within my reach. The gut was reduced, and the perineum kept tense by drawing, as formerly, towards me. The aperture was sufficiently exposed, but it was

not until the scalpel, curved scissors, and several other instruments were tried in succession, that I discovered the difficulty of reaching the parts and joining the edges as I could have wished under such circumstances. A duplicature of the vagina fell down between the blades of the forceps and obscured my object. The rectum would frequently resume its place in the vagina, notwithstanding my attempt to keep it reduced by means of sponges, bougies, &c., introduced by the anus.

After several tedious and trying attempts, I succeeded at last in denuding the edge of the opening of its coverings, with the exception of the upper extremity, and this I succeeded in abrading by means of a round-pointed scalpel. A coarsing needle, with a long stem previously perforated near the point, curved to the extent of an inch, and bent at a right angle, was armed with a ligature, and used to bring the edges together, which was effected by means of four stitches with comparative ease. The aperture thus obliterated presented a puckered appearance, and it was evident that, notwithstanding every possible care to bring the cut edges together, they were not throughout in apposition, as might be expected, therefore this operation failed. Adhesion took place, however, to a small extent towards the lower part, and afforded sufficient hope of ultimate success. By this partial adhesion also the irreducible part of the rectum had now disappeared. Unwilling to risk a second failure by using instruments on which I could not satisfactorily rely, I procured a dilator, long curved scissors, lancet-pointed curved bistoury, and strong needle. The dilator answered my purpose completely. I could see the parts perfectly, and cut with comparative facility between the blades as far as free access went, while their breadth, and the curve of the instrument, upheld sufficiently the vaginal fold, so annoying in my former attempt.\* At this time I resolved to cut more freely, and passed the bistoury through the lower edge, as if I

\* Perhaps the excellent dilator with three blades, invented by Mr. Weiss, would have answered still better.

wished to transfix it to the back part of the rectum, including nearly as much of the vaginal surface contiguous as was considered necessary, and carried it upwards. The yielding nature of the parts permitted too much to be included in this section, profuse hæmorrhage followed, further progress was arrested, and it became necessary to use the sponge plug, and put the patient to bed. A few days thereafter, I proceeded in my third attempt, passing the bistoury after the manner already mentioned, removing the membranous covering to the extent of nearly half an inch along the left side of the opening, and leaving it attached at either extremity. I made a similar attempt on the right side, but the situation of the parts rendered it impossible, save by piecemeal. In this way, however, I detached part after part, snipping off with the curved scissors what the bistoury had partially separated, and succeeded in removing the cicatrices and mucous membrane surrounding the opening to the extent of fully half an inch, without any impeding hæmorrhage.

In the removal of the upper part, which was attended with greatest difficulty, I found the small hook used in eye operations highly advantageous in facilitating the access of the scissors, where the bistoury was inadmissible. Satisfied that this stage of the operation was perfect, I brought the parts together with four stitches, introduced by means of the stouter instrument, constructed after the manner of the couching needle used in my first operation. Although the shut aperture had the same puckered appearance as formerly mentioned, there could be no doubt but the denuded surfaces were now in contact. Perfect adhesion took place, and although alvine matter was observed to pass in very small quantity per vaginam some days thereafter, it was found to have made its way through the suppurated holes of the ligatures. These speedily healed up, and she is now rid of an affliction which must have otherwise rendered her life miserable.

Many of my readers may feel disposed to think that I have been more minute in my details than the merits of the case demanded, especially as at first sight the operation may be considered of easy accomplishment. The difficulty, however, of this and of another similar operation, viz. that for cleft palate, will be estimated on making the attempt. Cases such as the present, I apprehend, are frequently to be met with among the poor, in those districts where labour is conducted by ignorant homebred country midwives. In the earlier part of my practice, I recollect to have met with two cases, where the sides of the openings, which were large, and of long standing, were covered with long and ash-coloured

vegetations, and studded with hydatids. The constant irritation and consequent profuse sero-mucous discharge proved fatal. I have recently been informed that the Dublin Lying-in Institutions abound with similar cases.

Being of opinion that these openings are caused more by loss of substance from extensive ulceration than by imperfect union of the lacerated parts, and as their edges will consequently be much attenuated, I feel satisfied that paring them alone, and attempting to bring them in contact, will assuredly end in a similar disappointment with that experienced on my first operation. To insure success, a considerable portion of the surrounding surface must be removed, and the parts thus bared must, as it were, be folded together. The ligatures should be passed right through to the rectum, including enough of substance to prevent their working out too soon, and inserted so close to each other as to produce complete mechanical obliteration, otherwise, whenever the gut is distended with flatus, it will certainly make its escape between them, and lessen the chance of adhesion. Perhaps the introduction and retention of a small elastic gum catheter in the rectum might be useful in obviating the consequences of any such defects.

When the perineum has been once lacerated, subsequent laceration is much more likely to happen. Last winter I was called to a case of protracted labour, where the patient had married late in life, and, on two former occasions, the perineum was lacerated. I found the vagina so contracted by the cicatrices, as to be forced before the head of the child in a semilunar fold, stretching across and obstructing fully half the passage. It was peculiarly interesting to mark the difference in the structure obedient to the law of nature from that which resisted it. Perceiving delivery to be impossible without another laceration, I divided this intervening fold with a scalpel, and it was speedily accomplished without either hæmorrhage from the section, or any other unpleasant consequence.—*Edin. Med. and Surg. Journ.*

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DESCRIPTION OF APPARATUS AND EXPERIMENTS FOR DETERMINING THE COMPOSITION OF THE BLOOD IN HEALTH AND DISEASE.

By W. REID CANNY, M.D., *Sunderland.*

In my lecture upon typhus fever, which was published about sixteen months ago, I necessarily confined myself to the mere outlines, in order that I might not detain the audience more than an hour; and in printing this lecture, I neither added nor subtracted from what was delivered.

I now proceed, for the satisfaction of the profession, to give a brief sketch of the plan which I adopted in these investigations.

I ordered a twenty-ounce graduated airtight flask to be made, to which a stop-cock was screwed, and having attached the flask to the aperture in the plate of the air-pump, by means of a brass tube, I exhausted the atmospheric air from the flask by the air-pump. Having removed the exhausted flask from the air-pump, I attached to it above the stop-cock, a tube about the diameter of a swan's quill, bent at a very obtuse angle, and having a ball blown upon the siphon.

When the blood flowed from the vein, I held the glass tube as near as I could to the bleeding vein, but not touching it, and kept the flask in a suitable position till the glass bulb was filled. I now opened the stop-cock, and the blood rushed into the empty flask from the glass bulb. In this way I so managed the stop-cock, that, as the blood continued to flow into the glass bulb, it was permitted to rush into the exhausted flask, till I had taken a suitable quantity of blood *in vacuo*. After some practice, I was enabled to manage the stop-cock, so that I could take whatever quantity of blood I required with the greatest facility.

The next step was to shut the stop-cock, and remove the glass bulb from the flask, and attach to it a well-constructed apparatus for drawing whatever gas might be contained in the blood, through a graduated flask of lime-water, placed in the exhausted receiver of the air-pump. In this manner, the carbonic acid of the blood coming into union with the lime of the lime-water, and forming carbonate of lime, the quantity of carbonic acid in the blood was very readily and very accurately ascertained. I was particularly cautious, by a proper arrangement of valves, that no lime-water found its way into the flask containing the blood, which otherwise will always be the case when the atmospheric air is permitted (after this part of the experiment is finished) to pass into the receiver of the air-pump. It is necessary to mention that the flask, previous to its being used, was weighed; and after the carbonic acid was removed from the blood by the above-mentioned apparatus, the flask, with its contents, was again weighed.

The next process was to set the flask containing the blood upon its side, and after it had stood in that position for two or three hours, I poured off the whole of the serum in the most careful manner. The serum was coagulated at a well-regulated temperature, and being cut into small pieces, was placed upon a perforated Wedgewood funnel, and the serosity drained off; besides which, the coagulated albumen was washed most carefully with warm water, and the wash-

ings added to the serosity. The coagulated albumen was weighed. The serosity and the washings of the coagulated albumen were placed in a Wedgewood capsule, and evaporated, and the salts which were left were collected and weighed. The crassamentum from which the serum was poured, was weighed; and the fibrin separated from the colouring matter was collected in a fine linen bag, through which a current of distilled water was passed. The fibrin was pressed for some time in a press of my own construction; and when all the water was pressed out, and the moisture removed from its surface, it was weighed. The solution of the colouring matter which passed through the linen bag, was evaporated, and the colouring matter weighed.

I adopted the plan of receiving blood *in vacuo*, in order that the oxygen of the atmosphere might have no chance of uniting with the carbon of the blood, in its transit from the vein into such vessels as are usually had recourse to for receiving blood; and by way of putting this plan to the proof, I constructed a graduated jar, sufficiently large to hold a suitable portion of warm distilled water, into which the hand of a man, with an opened vein, could be most conveniently held, till fifteen or twenty ounces of blood were taken. To this jar a well-ground plate and stop-cock were attached after the blood was taken; the space which was left by removing the hand, being supplied by hollow metal balls. The blood always keeps to the bottom of the water, and not one particle comes up to the surface. This jar containing the blood and warm water, was attached to the apparatus above-mentioned, and placed in the exhausted receiver of the air-pump. I found the same results in both cases.

When I expected to meet a difficulty in procuring blood, I requested the surgeon to secure the arm or wrist in the usual manner, and place himself by the shoulder of the patient; and instead of carrying the lancet into the vein, so as to form an acute angle with the current of the blood, he was desired to penetrate the vein with the point of the lancet towards the hand, as by this plan the blood flows at an obtuse, not an acute angle, to its current towards the heart. This plan suggested itself to me in cases when the veins were peculiarly small, deep-seated, or imbedded in fat, and I have reason to be perfectly satisfied from ample experience, that this is the best plan, even in ordinary cases.

I have always found the greatest difficulty in heating fibrin of the blood, so as to obtain uniform results; for fibrin may be gradually heated till it lose one half of its weight, though its general appearance and qualities remain the same. On this account

I constructed my fibrin press, which I consider indispensable for comparative trials, in cases of sound or unsound blood. I may remark in passing, that I could perceive no difference in the time required for coagulation of blood, whether it was taken in the usual manner, in vacuo, or in water. At the same time, I acknowledge that my attention was only slightly directed to this phenomenon; nor did I ever make any direct experiments, so as to be able to form a correct opinion upon this question.

In this manner I have followed up my inquiries, and feel perfectly satisfied, from the great attention bestowed, and the innumerable experiments performed, that I could not have adopted a better method of investigation, for the purpose of ascertaining those important changes which, of a surety, the blood undergoes in many diseases. I confidently recommend this plan to the attention of my professional brethren. All my experiments have been as open as the nature of the subject would permit, and all the apparatus which I have employed in my investigations, has been placed in our infirmary for the last two years, not only for convenience, but also, as intimated in the preface to my printed lecture, for the inspection of the faculty and other men of science.

In conclusion, I feel confident, from the additional experience of sixteen months, that my view of the proximate cause of typhus fever is perfectly correct, and I request that the subject may be entered upon by persons qualified for the task.—*Edin. Med. and Surg. Journ.*

## FOREIGN DEPARTMENT.

### SINGULAR CASE OF EMPHYSEMA.

A PRISONER in the house of correction, at Meiningen, who had been affected with anasarca, was, a short time after his recovery from it, sentenced to the punishment of flogging, of which, on the following day, there remained no trace, except a slight ecchymosis in the left lumbar region. Two days afterwards the face, neck, and upper part of the chest became swelled, and, on pressure, exhibited distinct crepitation. The general health of the patient was not affected, and respiration was perfectly free; during the following night, however, the swelling rapidly spread over the trunk and the extremities; at the same time he was seized with great anxiety, oppression of the chest, cough, and very violent dyspnoea; and when Dr. Jahn, who relates the case, saw him in the morning, the head, trunk, and extremities were at least twice as large as in their natural state; the eyelids formed

two oval bladders, each the size of a large apple, the eyes were emphysematous, and protruded from the orbits; the cheeks and lips were swelled, both externally and internally; the scrotum was as large as an adult's head, and the penis had acquired the size of the arm; a viscous sweat covered the whole body, which, when struck, resounded like a drum, and crepitated when forcibly passed by the hand; the dyspnoea was very violent, breathing so hurried and laborious, that speech was completely suspended; the cough was dry and frequent, and there was some foam at the mouth. The danger of suffocation being imminent, a trocar was plunged into the scrotum, from which a great quantity of inodorous gas immediately escaped with great force and a whistling noise; the patient felt instant relief; the swelling speedily subsided, and respiration became more easy. The opening made in the scrotum being, however, not large enough to give exit to all the accumulated air, the trocar was plunged into several parts of the body and extremities, and as the air still continued to be secreted in the cellular tissue, the operation was several times repeated. As soon as the condition of the patient permitted, the chest was carefully examined, but no fracture or depression of the ribs, nor any laceration, or other lesion, could be discovered; moreover, the patient felt quite well, and had no pain either on deep inspiration or on coughing. He was submitted to a rigorous antiphlogistic treatment, under which he, within a short time, perfectly recovered. The elastic fluid, however, still continued to be secreted under the skin, although in smaller quantity; it was readily evacuated by the trocar, and under the continued use of aromatic frictions, disappeared entirely after ten days more.—*Rust's Magazin.*

### RIFTURE OF THE HEPATIC DUCT.

Mdme. H., ætät. 60, who had been for several years affected with jaundice, was occasionally taken with vomiting and colic pain, which lasted for a few hours or days; during the intervals between these attacks her health was undisturbed. At the beginning of July, 1827, during one of these attacks, she was suddenly seized with violent pain in the stomach, accompanied by continued vomiting; the pulse was natural, the abdomen not tender on pressure. The infusion of chamomile, with sulphuric ether, being given without any benefit, she took fifteen drops of lundinum, the second dose of which had the desired effect. During the ensuing night she was several times roused by renewed attacks of pain, which, however, always subsided after a dose of opium. In the morning she was seized

with an extreme pain all over the abdomen, which was tympanitic, and could not bear the slightest touch; the extremities were cold, the pulse frequent and very small, the body covered with cold sweat, and the countenance altered; she complained of intolerable thirst, and vomited every thing she took. The application of thirty leeches on the abdomen had no effect; the pain continued, and even increased; she was continually retching, and had a constant desire to go to stool; the extremities were very cold, and slightly convulsed; the abdomen tumid and extremely painful, and she died twenty-four hours after the beginning of the violent pain in the abdomen. On examining the body, the abdominal cavity was found filled with about three pints of blood, mixed with bile; the peritoneum and intestines were, in some places, inflamed, and in others had evidently become gangrenous; the hepatic duct was found lacerated; its aperture was covered by a large quantity of coagulated blood, of which one portion distinctly appeared to have been recently formed, the other being more firm and organised. The liver was of healthy structure; the gall-bladder was enormously distended, and still contained a great quantity of bile and eight small calculi, one of which was situated at the aperture of the cystic duct, without, however, entirely obstructing it.—*Graefe and Wulther's Journal.*

CASE OF DYSURIA, IN WHICH THE URINE WAS DISCHARGED FROM THE NARE, EYES, BREASTS, AND NAVEL.

This singular case is related in the *Journal Universel des Sciences*, by Dr. Arnold, of Providence. A female, 27 years of age, who had always enjoyed excellent health, was, in 1840, affected with hæmoptysis, after the suppression of the menses; she was bled and took an emetic, after which a prolapsus uteri and great dysuria ensued. In this condition she continued for two years and a half, with occasional attacks of hæmoptysis, vomiting of blood, hæmorrhage from the ears, especially the left, from the breast, nose, and navel; the urine was evacuated by means of the catheter, which was daily introduced. Whenever its application was omitted for a longer period, she began to sweat profusely in the hypogastric region; the nature of this local perspiration was never examined. In September, 1842, the catheter not having been applied during 72 hours, a considerable quantity of urine was suddenly discharged from the right ear: for some time this discharge regularly returned once a day, and gradually increased in quantity and frequency, so that after about a fortnight it recurred two, three, or

four times a day; it was accompanied by a violent pain under the right eye, and a very troublesome sensation of fulness in the right ear; the pain generally began a short time before, and subsided immediately after, the discharge, but whenever the latter was not in the usual quantity, increased to such a degree as to cause furious delirium. If, as it happened several times, the discharge did not appear at all, delirium also ensued, but of a different kind; the patient laughed and sung during such a paroxysm, talked incoherently, &c. Sometimes she had attacks like opisthotonus, which lasted, however, but a few minutes, after which she fetched a deep sigh, and fell into syncope. In one of these attacks she was also affected with trismus, which lasted twenty-four hours. The patient having continued in this condition about four months, the sight of the right eye became impaired, and at last was entirely lost; that of the left eye was only very weak. Hearing in the right ear was also imperfect, and disturbed by a constant tingling and rushing noise. A short time before the discharge of urine a noise was actually heard in the ear of the patient, similar to that of water slowly poured into a bottle. The discharge subsequently also took place from the left ear, but less regularly, and from the left eye, after epiphora and violent ophthalmia.—From the 10th of March, the urine was daily evacuated by vomiting, after continued gnawing pain in the stomach. On the 21st of April the right mammary gland became swelled, hard, and painful, and discharged a few drops of watery fluid; after twenty-four hours the tumour subsided, but returned within a week. A yellow fluid, which was found to contain a considerable quantity of uric acid, was emitted from the nipple; the discharge was very regular, and sometimes came also from the left breast. On the 10th of May, the patient felt a violent pain in the hypogastric and umbilical region, which was spasmodically constructed; these symptoms having continued for a few days, an aperture formed in the navel, from which a great quantity of urine issued with considerable force. This discharge afterwards regularly continued for several months. During the time that the urine was thus emitted from different organs, the catheter was daily introduced, and, according to the quantity of urine evacuated from the bladder, the vicarious discharge was lessened or augmented. The patient was submitted to several plans of treatment, but without any effect whatever. In order to convince himself that there was no imposition on the part of the patient, Dr. A. and another practitioner remained at different times with her during twenty-four hours, and always found every thing to take

place exactly as she had related. In the summer of 1824, though the anomalous discharge of urine had continued for about two years, her general health was comparatively but little affected; the urine was evacuated from the right ear, navel, and right breast, but in smaller quantity than before.

[Similar cases of anomalous discharges of urine from different parts of the body are related in the Transactions of the College of Physicians of Philadelphia, vol. i., and in the Allgem. Medic. Annalen, January 1815. In the latter case, the patient, who was affected with suppression of urine, felt a fluid accumulating in the stomach, under violent burning pain in the epigastric region; all on a sudden the burning sensation flew towards the feet, from the soles of which a large quantity of urine was emitted after a few hours. The same patient laboured under a metastasis of milk to the stomach, from which it was daily discharged with convulsive action of the chest and abdomen.]

#### MATERIALITY OF THE MIND.

Reply to Mr. Dermott by M. D.

To the Editor of THE LAWYER.

SIR,—I feel that I have brought myself into a fearful situation, by placing myself within sword's length of a warrior who leaves to his foes no hope of escape. It is some consolation, indeed, that I shall not die alone; the phrenologist must perish with me; and it is a farther consolation to us both, that we shall not die ingloriously, like the squire of King Rhesus, who, when he had a furrow ploughed through his ribs by the sword of Diomed, just as he was beginning to rub his eyes and look about for his weapons, complained bitterly, and truly not without some reason, of this sort of military quackery—this St. John Long method of securing a patient—this unprofessional style of doing business. To die in any way he thought had enough; but to die in the dark, without knowing how—to be sliced into ribbands by such “hole-and-corner” surgery as this, was beyond all human endurance. But we shall have no occasion to exclaim with the hapless Squire, “*ἦναι δ' ἀφούλων κ' ἀφούλων εὐλομεν*,” for falling by the hand of the mighty, the light of our fame will surround us. We shall be “puckled and preserved” among the trophies of his prowess; and then, though we shall not be able to say, *E regi monumentum ære perennius*, we shall at least have inscribed on our “four gray stones,” the less proud, indeed, yet still pleasing memorial, *Non omnis moriar*.

But I must leave the phrenologist to shift as he best may, and look to the charges which are to prove fatal to myself. I am accused of inconsistency: I reply, I am a man, and inconsistency is a part of my charter. Why, then, should Mr. Dermott quarrel with me, as if my inconsistency were an infringement of his patent? My first act of inconsistency is this; I beg him to give some explanations, and yet I desire to hear no more of his “sublime inanities.” Inconsistent mortal that I was! to ask Mr. Dermott for explanations, and yet not desire to hear “sublime inanities,” when I might have known so well, that, with him, these are just one and the same thing, and that it was impossible for him to give the one, without giving the other also.

He has paid me for my inconsistency, however; for of the explanations which I asked, he has given nothing, while of the “sublime inanities,” which were not required, he has treated us to a new edition, with additions and improvements. To his previous doctrines he now adds this, “That it is rational to admit that the soul, in a future state, shall be responsible for the actions of the mind in the previous material existence, because it is a continuation of the same individual's existence, only in a different state or form.” Very rational, no doubt, that the soul should be responsible for actions of which it had no knowledge, and over which it could exercise no control—the actions of a mind with which it did not enjoy even a *sensible* co-existence. But as his theory, in its former shape, seemed to bear rather hard on the doctrine of human responsibility, this piece of rationality was necessary to remedy the defect. I am glad that *divines* are guiltless of this rational doctrine; and it is to be hoped that metaphysicians will take the hint, and modify their views of “personal identity,” which this discovery of Mr. Dermott simplifies wonderfully.

But where is the explanation for which I was so anxious? He told us, that “Bibles, revelations, ministers, religions,” are totally useless, as far as mind is concerned; and he told us that the *soul* has no actual or sensible existence, till it is far enough beyond their reach. Leaving Bibles, revelations, and religions to shift for themselves, I very naturally inquired what was to become of the ministers; what possible advantage the world could derive from the existence of that tithe-taking, benefice-hunting, mammon-loving, time-serving, bee-eating biped, a parson, who cannot, I humbly suppose, be of the slightest use to a soul which has no sensible existence in this world. This, he says, is a false deduction; but instead of showing that it is false, or by what possibility it can be avoided, he just pops me

into his mortar, and beats me black and blue, nay, pounds me into paste, well knowing all the while, that I cannot imitate the worthy old philosopher, who, when undergoing a similar discipline, cried out, "Work away, my lads, it is only the case of Anaxarchus that you are pounding; Anaxarchus *himself* is beyond your reach." He knows very well that it is just Anaxarchus himself that he is so unmercifully mangling; and then, when he has not left a whole bone in my body, he tells me that he has a very great reverence for the clergy! That may be, but that is not the question. I did not ask him with what degree of reverence he may be pleased to honour the clergy, but what they are good for in this world. It would surely have been easier to answer this question, than to be at the trouble of giving me so remorseless a drubbing. Does he fancy that the world will necessarily suppose ministers to be very useful beings, just because he is pleased to have a great reverence for them, nobody can guess why? Having paid for my curiosity, however, and hoping that neither he nor any body else can answer my question, I shall make no farther inquiry on the subject.

"When ignorance is bliss, 'tis fully to be wise."

Another proof of my inconsistency is this: I have celebrated his opinions for their *rarity*, and yet have characterised them as *trite*. O rare! Let him consult a certain *rare* work, which is in every body's hands, entitled, "A Dictionary of the English Language, by Samuel Johnson," and then he will know, what nobody else needs to consult a dictionary to learn.

So much for my inconsistency. He has tried to fix upon me the guilt of two verbal inaccuracies, which could have done no good to his cause had he succeeded; and the only result of the worthless attempt has been to show, that there may be some very ample matters which a very profound physiologist may have yet to learn. By the way, does not Mr. Dermott himself at times condescend to make some titubations of the kind that he charges on me? He calls my paper "*incomprehensibly* inconsistent." Very likely it is so; but will he have the goodness to inform us by what means he determines the consistency, or inconsistency, of that which is incomprehensible? It will make an addition to our canons of criticism, well worth all his physiological discoveries. This word-catching, however—this living on syllables, I willingly leave to Mr. Dermott, who, after all, does not seem to be very eminently qualified for it. Were I to draw out in array all his real, palpable, and glaring inconsistencies and inaccuracies, not of expression, but of principle and opinion,

"Adeo sunt multa, loquacem  
Delassare valent Fabium."

But this is not my design.

I am also guilty of attempting to rob Mr. Dermott of his well-earned laurels, and he is very angry at me for supposing, that his opinions are not the result of his own discoveries. Truly, the supposition was natural enough. If I meet a man loaded with nettles and hemlock, I naturally suppose that the rope, in which he has them bundled, is his own, but that the weeds themselves he has picked up, where they grow in rank abundance, at any hedge side. If, however, he chooses to be angry with me for the supposition, and insists upon it that they are all the produce of his own garden, I may wonder that he should keep a garden for such a purpose, but certainly will not quarrel with him about the proprietorship. Now I knew that most of Mr. Dermott's opinions were just as common as the above-named weeds, and, therefore, I naturally supposed, that the "suntian bag" above was his own. His denials having collected them, however, and insists that they all "spring solely from his own observation." May be so: it is a pity that so much good observation should be wasted to so little purpose.

I am farther charged with making a statement that I cannot know to be true; for I accuse Bichat and Lawrence of drawing conclusions which physiology does not sanction, while I admit, in the same paper, that I know nothing of physiology! and, therefore, cannot be supposed able to judge of the veracity of what I state. Marvellous presumption in me, no doubt. But is not Mr. Dermott himself, here sinning against logical orthodoxy, and (by no means for the first time) drawing a conclusion from premises which do not sanction it? If a man should tell me, that by means of physiology, or of all the *—ologies* put together, he can prove that the moon is made of green cheese, must I really take a regular course of all the *—ologies*, before I can be entitled to laugh at the absurdity? Or, to take a somewhat different *course*, must I just put a cheese-piercer in my pocket, and, borrowing Antolpo's griffin steed, if he be still fit for service, or, begging a friendly cast of Daniel O'Rourke's eagle, take a trip to the moon, in order to ascertain, by actual experiment, whether she is made of green cheese or not? Mr. Dermott, with all his knowledge, might surely know this, that without knowing any thing of physiology, I may, nevertheless, very well know, that there are some propositions which physiology cannot sanction; and among these I have no hesitation in placing his proposition with regard to the dormant state of the soul. Indeed, in deducing that proposition, he departs as widely from philosophy as he

does from theology. In proving the materiality of mind, I doubt not that he has erred, but no fault can be found with his method of proceeding. He has observed his facts, and then drawn his conclusion. That some inaccuracy has attended his observations, or that some paralogism has crept into the reasonings by which he deduced his conclusion, I cannot doubt; but still his method is fair and philosophical. But in proving the dormancy of the soul, how does he proceed? It is plain that he cannot say about even the *existence* of the soul. For he learns from a different source of information—the Bible, which tells him that there is a soul, and that that soul is a living, active, and improvable being. He takes *one half* of this information, and, admitting from the Bible that there is a soul, he concludes from physiology that the *other half* is incorrect, and that the soul is a non-sentient, dormant, and consequently, I suppose, an unimprovable being. Now in this he is guilty of a double error; for, in the first place, if the Bible alone can tell us that the soul exists, then the Bible alone can tell us how, or in what state it exists. To suppose the contrary, is the same error that the engineer would commit in physics, who should attempt to lead the stream higher than the fountain; and, in the next place, while he deduces the dormancy of the soul from physiology, he has not produced the facts that prove it. I challenged him in my last to produce these facts. He could not help seeing this to be my meaning; but he does not like to say his catechism; he chooses, therefore, to be offended at the manner in which the question was put, and, calling it "low nonsense," dismisses it. I now repeat the question, and, with all due gravity, I challenge him to produce a single physiological fact, by which the dormancy of the soul can be legitimately proved. And he can have no pretence whatever for treating this challenge with affected contempt; for I place it in the pages of a journal in which it will meet the eye, not of hundreds, but of thousands of men, as deeply read in scientific lore as Mr. Dermott himself, and to whom the honours and the interests of science are not less dear than to him; men who will not be slow to overwhelm the uninitiated intruder into scientific mysteries, by producing the facts, *if such exist*; but who, I doubt not, on the other hand, will not permit their souls to be reduced to the state of a nonentity in this world, either by the *dictum* of Mr. Dermott, or by his allegation of facts, the weight and the bearing of which, my professional habits do not enable me to estimate. To them I willingly commit this appeal, well assured, that as the volume of Nature and the volume of Inspiration proceed from the same Author, no real discre-

pancy will ever be detected between them, but that, on the contrary, the better both are understood, the more clearly will their perfect harmony be seen. In the mean time, Mr. Dermott is guilty of coming to a conclusion which is directly in the teeth of one of these authorities, and which he has not shown to derive any support from the other.

Do, my dear Sir, lend me your patience—I beg yours because my own is already "flaming in rags"—and I will trouble you no more on such an occasion; but the catalogue of my iniquities is not yet full. And what, think you, is the crime of which I am next to be proved guilty? Nothing less than that of misrepresenting Mr. Dermott. This, one would naturally think to be an impossibility. His readers would, doubtless, suppose that he might safely defy the most consummate master of language to place his opinions in a more ridiculous point of view than he himself has done; yet this apparent impossibility, it seems, I have had the wickedness to attempt, and the ability to accomplish, for thus saith Mr. Dermott:—"Now for his honesty. He wishes to represent me as having stated, that 'material and spiritual things are so different, that they cannot be existing in a state of association.' No impartial person, who reads my paper, will suppose that this is the doctrine I inculcate; on the contrary, I have affirmed the possibility and the certainty of a co-existence, but deny a *sensible* co-existence." On this subject I feel some temptation to read him a lecture on the influence of creed upon conduct,—a lecture which, whether he has a soul or not, should make his body ache to the backbone. He has both furnished me with a text and given me provocation to use it; but I forbear, and would merely warn him to be more cautious for the future; it may not always be his fate to meet with so sparing an opponent.

I charged him with saying, that material and spiritual things were so different that they could not associate. He says this is misrepresentation, because he maintained their—what? their *association*?—No, but their *co-existence*, and that not a *sensible* co-existence. I beg again to refer him to the *rare* book, to which I have referred him already. Does he there learn that *co-existence* and *association* are equivalent terms? That must be rather a Mezentian sort of association, which takes place between a living active body and a non-sentient dormant soul, which, till the body be dead, has no *sensible* existence—a kind of Castor and Pollux brotherhood, where the death of the one is essential to the life of the other. I beg to ask him, does the soul in any way affect, or is it in any way affected by, the

body? If he answer this question in the negative, then he denies their association; for what association can that be which takes place between two beings which no more affect each other than if neither existed? If he answer this question in the affirmative, then it is obvious that the soul cannot be insensible, and the whole rickety fabric, formed of a heterogeneous mass of ill-assorted crudities, comes tumbling about his ears. Happily for him, when it does fall, there is neither a beam nor a stone in it of sufficient weight to crush a fly.

I charged him with maintaining, that matter and spirit do not associate, because, if he understood his own notions, (of which I have very considerable doubt,) he must see that this position is essential to their existence, and whether he had ever expressed it or not, must be attributed to him. Let him admit the association of matter and spirit, and he must awake from his dream about the dormancy of the soul.

I attributed to him this position, because he has expressed it in the strongest terms that he could find. Will it be believed, that the very man who accuses me of dishonesty, for attributing this notion to him, actually penned the following words?—"Material and spiritual things *cannot be existing in a state of intimate association, because they must be as different in nature as two extremes can possibly be.*" Something, besides the soul, must have been in a dormant state in him, when, in the face of this explicit declaration, he ventured to produce the above-quoted sentence from my paper as a misrepresentation. I have stated his opinions in his own language, as nearly as possible; I wish he had done the same by me: this may be misrepresentation for any thing that I know, for not a few, in this scribbling generation, undertake to write who are but poorly furnished with the means of giving expression to their opinions; they "mean not, but blunder round about a meaning." If Mr. Dermott choose to occupy a place among this class of writers, that is no fault of mine; in the present instance, he has expressed himself with sufficient clearness.

And, after all his vapouring about my misrepresentation, what is the result? He neither does deny, nor dares deny, the opinion that I attributed to him, but tries to fix on me the stain of dishonesty, by an absurdity so gross, that one may charitably hope this is his first attempt of the kind, and that, from his signal failure, he may be induced to make it his last. I charge him with denying *association*. Oh, says he, this is dishonest, for I maintain an insensible co-existence. I charge him with denying that man is a *chalk-eating animal*. What a past-saving rogue is this, quoth Mr. Dermott, for

did not I expressly maintain, that man is a *cherry-eating animal*?

I am also accused of misrepresenting his *motives*. He should have said how, or where, for I cannot recollect that I mentioned his motives, nor would I even now undertake the task of guessing what they were. That he had motives for palming on the world some worn-out absurdities, in the shape of *rare discoveries*, must, I suppose, be taken for granted; but what they were I cannot even conjecture; and should any one at this moment lay his hand on Mr. Dermott's papers, and say, *quererum hæc tam putida?* I should be obliged to own myself effectually puzzled.

I am also guilty of personality, it seems. He is, of course, too dignified to reply to my personalities, but he declines even to offer any proof of their existence. Of inconsistency he has offered *two examples*—of misrepresentation *one*—examples which might make a figure in the annals of the wise men of Gotham; but of personality, he produces none. I must therefore, not to be outdone by him in generosity, ingenuously confess the truth of the charge. I confess then, that when I represented Mr. Dermott as a wretch fitted, by his "venom" and his "dirty splashings," not only to associate with "toads and frogs," but to derive enjoyment from their society, and insinuated that he is a disgrace to his profession,—when I denounced him as destitute of consistency, of honesty, of meekness, kindness, and god-like grace, and as devoted to falsification and misrepresentation, &c. &c.—when I decked him with these flowers of rhetoric, and garnished my language with the peculiar idioms of a certain nation which inhabit a particular region of London, furnishing the tables of its inhabitants with some delicate dainties, and their style with sundry piquant embellishments,—when I did all this, I confess that I was taking a most ungenerous advantage of Mr. Dermott, who, by having published his name, is necessarily precluded from the most distant approach to low personality or vulgar abuse, and is obliged, rigidly, to confine himself to fair argument, and to the use of such language as may become a gentleman, and a philosopher. If I have done this, then my apology must be, that it is the *first time* that ever either the paucity of my ideas, or the poverty of my language, compelled me to stoop so low, and it probably will be the *last*. It is some consolation too, that from the impatience which Mr. Dermott manifests at the supposed advantage, in this respect, which the phrenologist and I derive from our "cap of darkness," we may, without breach of charity, suppose, that had he not incautiously laid his own "cap" aside, even he might have been tempted to use

language not greatly more refined than that of which I have just given a specimen. Let him not then regret that publicity of his name which has proved so wholesome a restraint, and saved him from such a degradation; and let him be assured, if such language offend his delicacy, that should I ever find any composition of mine fringed and embroidered with such holiday terms, not even "Fancy's fondness for the child she bore," shall redeem it from the flames. There is a certain proverb, addressed to people who live in houses of glass, which I would recommend to his serious consideration.

He has read me a homily about what I shall find in the Bible; I thank him for it, and hope to profit by it. Allow me to offer him a little advice in return. Let him learn to command his temper; he is extremely angry at me for twitting him with bad jokes and poking him with a dull sword, borrowing his illustration from some scene in *King Lear*, with which I am not acquainted, having read only Shakespeare's play of that name. He has a singular taste. Were I doomed to be twitted and poked, I should beg, above all things, that the jokes might be bad, and the sword dull; and then, instead of putting myself into a passion upon the subject, I would just take the first leisure half hour that occurred, and amuse myself with reducing the dislocation of these hapless jokes, and giving some edge and point to the dull sword; and then, having fitted them for service, I would try to give my twitter and pokes such a twitting and poking as would, if possible, make him think it necessary, before he visited me with any more of his twittings and pokings, first to ascertain whether his own mail were girded with sufficient firmness. This, I humbly conceive, Mr. Dermott would find more pleasant than to seize his club, and with one furious blow crush his opponent's head as flat as a pancake.

He is angry too because I did not assail him with grave argument. I really could not think of calling in the aid of serious reasoning, and still less of appealing to more sound authority in such a case. I could not think of breaking a lance, where to "man a rush" seemed amply sufficient; of "breaking a butterfly upon the wheel;" or of erecting a steam engine to drive a fly-flap. It appears to me that to take up his visions seriously would have

"Resembled ocean into tempest wrought  
To waft a feather, or to drown a fly."

I recollect too a good old saying—

"Ridiculum acri  
Fortius et melius magna plerumque secat res."

If he were of a different opinion, why did he not, instead of letting his anger get somewhat the better of his discretion, just simply produce the facts which establish his views of the soul? How chop-fallen would the "caster out of devils" then have been!

Let me advise him, too, to stick to his own profession; it is a noble one, and, if he mean to attain eminence in it, sufficient to occupy the whole man, and the whole life of man. His ambition to enrich his mind by the acquisition of extra-professional knowledge, and to instruct *divines* how to read the Bible, I should, probably, be one of the last men in the world to repress; yet I would remind him, that the Muses, though very fair and very fascinating, are, at the same time, very jealous old girls; and notwithstanding the *vacuumum* and the *cognitie*, by which Cicero talks of their being united, I suspect they live in no great domestic harmony. Let him attach himself exclusively to one of them, and he will find his affection warmly repaid. She will unlock for him her most secret fountains, and will lead him to her most secret bowers; she will enrich him with all her treasures, and will adorn him with all her honours; but let him not forget, that there is hardly one among a hundred of her lovers in whom she will forgive the slightest flirtation with any of her sisters.

Let him attend to these hints, and then, I think, I may venture to promise him that success, to which, notwithstanding some present crudities, I hope he is capable of rising, and which, notwithstanding the malignity by which I must of necessity be actuated, I most cordially wish him.

Mr. Editor, our worthy friend Mr. Dermott has laid himself so very invitingly open to the lash, that it was hardly in human nature to resist the temptation to give him a little gentle titillation, by way of admonition. To you, who now and then apply the lash with inimitable dexterity and bone-peeling power, and who, by means of it, are razing out many a rotten opinion, I need not say, with how much more intense severity it might, in this instance, have been applied. Having written these remarks, it follows, as a mere matter of course, that I should transmit them to you. You are, however, probably tired of the subject; if so, then you may just toss this paper into your *dunce's den*, and leave Mr. Dermott to enjoy the triumph of having quashed the inconsistent, misrepresenting, and abusive parson.

I am, your most obedient,

M. D.

Belford, June 25, 1839.

P.S. While my pen is in my hand, I should like to ask, if any of your correspond-

ents can give a satisfactory account of the cause of the great prevalence of *small-pox* at present. I learn from the newspapers, that this disease prevails in many parts of the kingdom. In this place, after lingering for some months among the children, who, in general, have got over it in a pretty easy way, it has broken out with a virulence against which no previous preparation appears to afford any adequate security. My own theory, (at which your medical readers may probably laugh, and welcome, for, for any thing that I know, it may be ridiculous enough,) is, that the vaccine matter is not taken often enough from the animal. Does not the virus derive some modification from every constitution into which it is introduced? And does it not follow from this, that if the same matter pass from one patient to another, to the amount of fifty or a hundred, it no longer possesses its original character, nor can exert its original influence? The subject, at least, has become sufficiently serious to call for the attention of the medical world.

RABIES.

To the Editor of THE LANCET.

SIR,—The practice of some authors of claiming discoveries, theories, or useful remarks as their own, which have been previously published by others, is too common to admit of any dispute. Sometimes these plagiarisms are difficult to detect, owing to their being founded upon the labours of writers in the dead languages, whose works are seldom read, or to their being taken from others who are only partially known. Sometimes writers have, with unblushing and fearless boldness, published whole pages, or parts of volumes, written by men long since deceased, as original. Thus Dr. Ferriar detected Sterne's thefts from Burton's *Anatomy of Melancholy*, and other authors;\* and Lavoisier has been proved to be indebted to Dr. Rey, of Perigord, for the knowledge of the true cause of the increase of weight which metals acquire by the action of fire. Believing what he says in his defence, one might say, he was anticipated by Rey; nevertheless, his anxiety to conceal the knowledge of Rey's work, is evinced by his omitting to mention it, when he published his *Elements of Chemistry*, in 1789; that is, twelve years after Rey's pamphlet (first published in 1630) had been reprinted in Paris. Lavoisier's conduct, with respect to Dr. Priestley's discovery of oxygen, is also familiar to all chemists,† and showed his de-

sire to obtain applause by assuming the discoveries of others.

It is, however, to be wondered at, that medical men would risk a detection of their plagiarisms by copying authors whose works are in the libraries of almost every physician. I was led to these reflections by reading, in the 13th volume of the *Medico-Chirurgical Transactions*, the cases of hydrophobia related by Dr. Gregory and Dr. A. T. Thomson. Dr. Gregory, in the observations annexed to the case of George Sundall, says,—“It is impossible to avoid associating together, the sore throat which characterised the early period, the dread of water which indicated its confirmed stage, and the peculiar appearance about the throat, which was demonstrated upon dissection. These phenomena tend to the conclusion, that the symptoms which give name to the disease, are directly dependent upon some form of inflammatory action in the larynx and pharynx, and that the nosological situation of hydrophobia, is the genus *cynanche*.” Now, will any one believe, that Dr. Gregory could have been ignorant of the fact, that Dr. Mead, long since, was so struck with the general appearance of the affection of the throat in this disease, that he said it ought rather to be called *burnararosis*, a difficulty of swallowing, than *hydrophobia*, a dread of water. There was less reason for Dr. Gregory attempting to impress us with this theory as his own, because it is not correct, the symptom of a dread of water being by no means constant in the disease, as he may be convinced, by referring to the inaugural dissertation of Dr. Messe, which was published in Philadelphia, in the year 1792, and reprinted, with large additions, by Dr. Lettson, in London, in the year 1793. In this work, Dr. Messe refers to numerous cases, in which patients, labouring under the disease, drank water, and other fluids, either at intervals or through its whole course, and hence objected to the propriety of the name hydrophobia. Besides its want of constancy, he shows, that when the horror of fluids does occur, it depends entirely upon the affection of the throat, and, being merely a symptom of a symptom, it has no right to give a name to the disease.

Dr. Thomson says, page 319,—“I will hazard the following conjecture: that the virus remains dormant, in the part where it is deposited by the tooth of the rabid animal, until a certain state of habit renders the nerves in its vicinity susceptible of its influence, and, this being communicated, a morbid action is begun in these nerves, and extended to the respiratory nerves, which induce the whole train of symptoms constituting the disease.”

The idea of the virus remaining in the

\* Manchester Memoirs, vol. iv.

† See Quarterly Journal of Science, &c., vol. xi.

bitten part, is equally void of originality with Dr. Gregory's theory respecting the dread of fluids depending upon the affection of the throat, for it was first mentioned by Dr. Meuse, who, after disproving the common opinion of the absorption of the virus, says, (p. 71, Lond. edit.)—"The poison, as existing in the saliva, when inserted by a wound into a part of the body, has remained for some time, and at length, at various periods in different persons, begins to show its effects on the system at large." He had previously given his opinion "of the operation of the poison on the tissues," but does not claim it as his own, having quoted several authors who had supported a similar theory. He defends it by "the striking analogy subsisting between the disease and other nervous diseases, particularly tetanus," and by the fact, that "persons have undergone general diseases, and the operation of general remedies, subsequent to the bite, and yet the virus has shown its effects afterwards on the system."—P. 74.

The pathology of the disease, as given by Dr. Thomson, is clearly taken from the hints in the Treatise on Hydrophobia by Dr. Reid, of Dublin,\* who is not noticed, and from Mr. Webster's dissection, recorded in the Medico-Chirurgical Review for October, 1817, to which he refers. It is but just to add, that the finely-coloured plates of Dr. Thomson prove the apical nature of the disease. As a means of prevention, Dr. Thomson recommends the application of cupping glasses before the excision of the bitten part, a practice lately revived by Dr. Harry, and on other authorities. These may be useful; at all events, there can be no objection to them, although it is clear, that if the teeth of the dog have penetrated deeply, there will be not much reason to suppose, that cups will have much effect on the virus. But I cannot permit to pass without remark, the reason given by one of his authorities for their application, and the addition of "deep and numerous scarifications." I allude to the late Mr. John Hunter, who is quoted as saying, "Judging from the analogy of some other poisons, the greater quantity that is conveyed into the blood, the more violent will the effect be: good, therefore, might arise from lessening the quantity." It is strange that such a position should be received at this late day. I do not know to what poisons Hunter refers, but every medical man of experience knows, that this does not hold good in cases of the virus of the small-pox, syphilis, or that of a rabic animal, which will as certainly produce their appropriate diseases, whether a large or smaller quantity be introduced into the

system, provided it be disposed to take on the peculiar actions they severally excite. As regards the canine virus, no fact in medicine is better established, than that the spread, or late operation of it, is not in the least connected with the quantity inserted. As to "deep scarifications," the danger is, as pointed out by Mr. Gilman, in his prize essay, that at the knife entering a sound part, after being contaminated by the virus. I have no doubt that from this cause many of the cases which have occurred, notwithstanding these scarifications, have arisen.

A much better preventive remedy is that long since recommended by the late Dr. Haygarth, of Chester, viz., a continued stream of water on the bitten part from the mouth of a tea-kettle. As a general remedy, Dr. Thomson recommends mercury, "from the success which appears to have attended its employment by continental practitioners, and in India by Mr. D. Johnson." But if Dr. Thomson had been familiar with the history of the disease, he would have known that mercury is not deserving of the least attention. The cases treated by Mr. D. Johnson might not have appeared, even if no remedy had been used, for it is well known, that not one of many persons bitten become diseased. Dr. Meuse (page 106) ascribes the failure of mercury to the different periods which intervene between the bite and the attack, and the consequent impossibility of knowing how long it may be necessary to give it. Even upon Dr. Thomson's own ground, (which he thinks is original,) of the virus being confined to the part in which it is first inserted, until it begins to operate, it is clear, that mercury, as a preventive, can do no good, for a general remedy can only act upon a general disease. But, finally, Dr. Hamilton has fully proved, that some of the "continental practitioners," referred to by Dr. Thomson, and many others in England, have given mercury, and some of them for a long time, without preventing the disease.\*

Dr. Thomson condemns bleeding as a cure for the disease, on the authority of some cases of its failure, which he cites; but he is inaccurate in saying, that in the one treated by Mr. Ballingall, in India, fainting took place, and that "in five other cases which came within his (Mr. B.'s) knowledge, the patients were bled *ad deliquium animi*, without any benefit." Mr. Ballingall says, that by the loss of 40 ounces of blood, "excessive languor and faintness were produced," but no actual deliquium ensued. He mentions no other case in which bleed-

\* Hamilton on the Hydrophobia, vol. i. p. 183. London, 1798.

† Edin. Med. and Surg. Journal, vol. xi. p. 74.

\* Dublin, 1817, pp. 91, 93.

ing was tried. Now, Dr. Shoolbred expressly insists upon the necessity of actual fainting from bleeding to cure the disease, and it is a fact, that in the few cases in which a cure has been effected, to have been made by it, this effect was produced by the loss of different quantities of blood. I allude to one recorded by Mr. Williams, of Shrewsbury, in the year 1812, and to the two cases cured by Dr. Shoolbred and Mr. Tynon, in India. I do not assert that bleeding, even when carried to this extent, will always cure; on the contrary, we know that although fainting was produced, it has failed in England and in India, but still, if used, it ought to be made to cause this effect, without which, Dr. Shoolbred says, it will not succeed; our books of medicine are full of cases in which large quantities of blood were taken away, without the occurrence of that symptom, and yet death ensued. Dr. Thomson has himself referred to some of them.

Martineau.

#### EXTRACTION OF TEETH.

To the Editor of THE LANCET.

"The creature's at his dirty work again."

SIR,—If my opponent, at page 77 of your present volume, expects to put me down by unqualified assertion, "or unblushing effrontery," let him rest assured that he has mistaken his man. Although I do not wish to have the last word in this controversy, yet, in justice to myself, it would not be right to pass silently over his unjustifiable remarks. If I declare accepting, in a direct manner, his challenge, it should not, as the sequel will show, be attributed to any want of materials in support of my opinions, but to a want of confidence in himself, for I am free to confess, that I should rate very low the veracity of a man who, to support his own notions of a question, has nerve enough, without a shadow of justice, to impugn the motives, misquote the words, and pervert the meaning of his adversary. It is false to assert that I intended to mystify; neither is it just to infer my ignorance of the subject in question, because I had not, like himself, the vanity to assume superiority of knowledge. He was not called illiberal for promulgating or defending his opinions, but for his detraction of other persons. I can easily afford to laugh to scorn his irony and impudence, because "my withers are unwrung" by them. Having dismissed, in a summary way, what seems to have been designed to dazzle, rather than convince his opponent, let us now examine one or two of his arguments, and, in turn, the "profundity

of his reasoning," which were more particularly intended to press against my positions. After asserting that my first conclusion is contrary to general experience, instead of meeting it by legitimate argument, he affects to be witty, and tries to get rid of it by ridicule; but ridicule, not being a test of truth, soon defeats itself, and, accordingly, his attempt is ridiculous enough, for he talks of attributing my success to preternatural instead of supernatural influence. He makes very light work of the next conclusion, and indeed his argument and his meant are as light as air, for what I have called the after part of the operation, and which often requires considerable manual dexterity, he would have us believe can be effected by "no surprising stretch of the intellectual powers." Mark it well, Sir, he can, according to his own account, lift a tooth out of its socket by means of the intellectual powers. O most dexterous tooth-drawer! O most profound logician! The key, he says, "is meant decidedly safe." This he should have proved, for it is the principal matter in dispute. The same might have been said with as much plausibility of the forceps. The forceps is stated to be "liable to failure, and to serious accidents." Is not the key liable to failure, and are not teeth frequently broken by it? I never saw a serious accident happen from the use of the forceps, but I have in my possession a portion of the lower jaw, consisting of its whole depth and thickness, and two inches in length, which was broken off by a practitioner of London while using the key. His attack upon my evidence would, if I felt the smart of it, "be the unkindest cut of all;" but, fortunately for me, the sense of feeling is a *striving* sense. The dupe or the rogue, the fool or the philosopher, can, if he feel any pain, without hesitation say whether it be much or little; so that the testimony of my patient remains untouched. In the same paragraph with the last-mentioned objection, there is some balderdash about "dupes," "filthy lucre," and "all that sort of thing;" but even this, and much more, would not induce me to believe that the writer, although he affects to treat the *needful* so disdainfully, is in the habit of extracting teeth gratuitously. It was because "the difficulty of loosening a tooth increases with the divergency of the fangs" that the diagrams were particularly noticed by me, the key being represented as fixed upon a conical tooth as well as the forceps. The key is an extremely powerful instrument, and owing chiefly to the direction, or form of the tooth, rendering what is commonly called a good purchase upon it impracticable, its great power is often unavoidably misapplied. If teeth, like nails, were flexible, this objection would not lie

against the use of it. Taking into account these, and other similar circumstances, you, Sir, cannot be surprised that I am still pertinacious enough to maintain my opinion.

For the information of those persons who have felt any interest in this controversy, and also to show how far my practice supports my opinion, herewith you will receive a faithful statement of fifty-four successive operations, performed with the forceps, since the publication of my last paper, and verified by the signature of my pupil, Mr. Wade, the majority of which were witnessed, and some of them performed, by him. The teeth will be inclosed to you, Sir, in the same parcel, when you will have an opportunity of observing, that some of them are very much excavated, some spreading wide, and some crooked in the fangs. In order to meet every objection, all except molar teeth were passed by, and those only noted down which were firmly set in their sockets. This latter fact is confirmed by the general appearance of the fangs themselves, there being no signs of disease upon them. Out of the fifty-four operations three only were failures, and it was particularly observed, that the teeth in two of them were composed of that semitransparent substance which may be easily broken.

In conclusion, Sir, I beg to disclaim all improper motives in this business, and to tell my opponent, that I am not an implacable adversary.

I am, Sir, yours respectfully,  
J. PROWSE.

Bristol, June 23, 1849.

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I believe the above statement to be correct.

EDWARD WADE

#### RABIES IN A PIG.

To the Editor of THE LANCET.

SIR,—Having read with no less sorrow than interest the case of Edwards, recorded by Mr. Brady, together with the remarks thereon by Mr. Youatt, in your journal, I am induced to think that the following facts may not be uninteresting to some of your readers, at least so far as they go to corroborate the statement of the latter gentleman, that the animal's devouring its own faeces is decidedly characteristic of rabies.

About a month ago, while visiting a patient, I was told that in a sty, at the bottom

of the yard, there was a mad pig; thither I repaired, when I was informed by its owner, that the animal had been bitten about three weeks before, by a strange dog which had passed through the yard, and was, at the time, by those who saw it, declared to be mad; the dog appeared to be greatly alarmed, and proceeded with swiftness; it was afterwards seen, for the last time, in some fields at the outskirts of the town. From the statement of the man, it would appear that, on the morning of the day previous to that on which I saw the pig, the animal began to exhibit symptoms of oppression at the præcordia; to this succeeded, gradually, inability to stand, fearful cries, and general uneasiness when disturbed, foaming at the mouth, a disposition to eat whatever lay in its way, &c. At six o'clock in the afternoon of the second day I first saw it covered with straw, and apparently quiet, until the rattling of the sneek of its door seemed to awaken the most painful apprehension, and its mental agony (assuming Mr. Dermott's theory) seemed almost insufferable. The sense of sight seemed no less acute than that of hearing, which was manifested by the animal's convulsive efforts to hide even its head beneath the straw; this accomplished, it became somewhat tranquil; it was constantly devouring its own excrement, litter, &c.; its eyes had the suspicious glare of those of a paraitic patient, its breathing was preternaturally quick, and its efforts to stand wholly abortive. In this state it continued two hours, when half a pint of train oil was attempted to be poured into its mouth, the greater part being wasted, and the animal instantly expired. I regret that the approaching night, and the man's desire to bury the carcass, restricted the post-mortem examination, which merely went to show that upon the division of the costal cartilages, the lungs protruded, as if too large for the cavity of the thorax; and being cut into, poured forth a frothy mucus, resembling in colour and consistence soap lather; the stomach and duodenum were filled with the matters above described to have been eaten, not, however, impacted, probably owing to the premature death. I have little doubt, from the symptoms, that had the examination gone so far, the vessels of the brain and spinal cord would have been found injected. The splash of water certainly caused great disquietude, but inasmuch as noise of any sort produced similar effects, it is doubtful whether aversion to fluids existed, and yet the circumstance of death instantly following the undraught, would warrant the belief that spasm of the muscles of deglutition, with the temporary closure of the glottis, occasioned suffocation and death. Any neighbouring

practitioner wishful for further information, I shall have pleasure in referring to the owner of the pig.

I am, Sir,  
Your very obedient servant,  
J. H. HEATON, M.R.C.S.

Tickhill, June 29, 1829.

#### NON-MEDICAL CORONERS.

*To the Editor of THE LANCET.*

SIR,—The necessity for coroners possessing medical acquirements is daily receiving additional confirmation, and that none may be wanting, it is the duty of the profession to offer all the information they possess; this will, perhaps, excuse me for troubling you with the following case as an example.

About November, 1828, an old watchman was assaulted in the neighbourhood where I reside; he received some contusions on the head, which were attended to by a medical man, and from them he speedily recovered. I believe he resumed his duties as one of the guardian angels of the night, and in the pursuit of his amiable avocation, and his favourite dram-drinking, his health became seriously affected. In the following March I saw him, and assured his friends his recovery was impossible; in a few weeks my prediction was verified. A carefully conducted *post-mortem* examination, afforded abundant proofs that his death could not be attributed to the injuries received five months before; for, in addition to the usual evidences of long-continued intemperance, his lungs presented several varieties of the effects of old and oft-repeated inflammation—such as firm adhesions of the pleura, three stages of hepatisation, chronic bronchitis, and tubercular excavations.

On this man an inquest was held; I and a friend bore testimony to the facts related above, yet did the jury return a verdict of "manslaughter." A bill of indictment was presented to the grand jury for the county of Middlesex, which they immediately rejected when my evidence was heard. To try the accused person would be, however, a nice job, and by a process I am unacquainted with he was tried at the Old Bailey, and, of course, acquitted directly I gave my evidence; indeed, the Recorder stopped the case, and *desired* it is acquittal.

Thus was the county put to the expense of a prosecution which it ought to have been spared, as the result must have been foreseen.

I remain, Sir,  
Your very obedient servant,  
A.

#### REMUNERATION TO MEDICAL WITNESSES.

*To the Editor of THE LANCET.*

SIR,—Can you or any of your numerous readers inform me, whether a regularly educated medical man, a member of the College, &c., who is called to the case of a drowned person, uses every means to restore to life the said drowned person, and afterwards is obliged to attend the inquest upon the body; whether this medical man is not entitled by law to some remuneration? In asking the question, I speak feelingly, having been called to several cases of this kind, and, indeed, I was called up in the middle of the night to one, only the early part of this week.

I remain, Sir,  
Your obedient servant,  
HORATIO COLMAN.  
6, London Terrace, Hackney Road,  
June 27th, 1829.

Such is the disgraceful state of the law regarding the medical profession, that a medical man, thus circumstanced, cannot legally recover compensation for his time and trouble!—ED. L.

#### FARMING COUNTRY PARISHES.

Ος β' εως φρασιν ηνν ακουσε τε, πολλας τε, ηδω.

*To the Editor of THE LANCET.*

SIR,—A letter on this subject appeared in the pages of your journal of last week, written by an individual who designates himself a member of the R. C. S., and to which he has appended the signature of X. In the letter in question, the writer unjustifiably animadvertes upon the practice of country surgeons, the evident design of which is, to hold up to the ridicule and contempt of the public, and those members of the profession whose business in London and other large places prevents them being acquainted with the state of a country practice, then more humble country brethren, whose necessitous circumstances oblige them to undertake the care of paupers and others on rather disadvantageous terms, and to depict them as a body of men of the most despicable and degenerate kind, and totally unworthy of the confidence of the public. It can be plainly seen, that his egotistical tirade emanates from no other motive than a malignant and spleenetic feeling; his vindictive railing is evidently intended (by all the urgency inventive calumny can suggest) to brand an honourable body of men with obloquy and disgrace; and I sincerely lament

your intelligent columns should be tarnished by such palpable misrepresentations.

It is a well known fact, that "parishes in the country are let to those persons who will undertake to attend the paupers of them at the lowest salary;" but they are, in most instances, taken by men of respectability, and surgeons in good practice, solely with the view of preventing other practitioners from settling near them, and many of them at the paltry stipend of 8*l.* or 10*l.* per annum; but very rarely (as your correspondent insinuates) are they entrusted to the care of persons unacquainted with the duties of the profession, or otherwise ignorant of the requisite information, and whom your shrewd and penetrating communicant has dignified by the appellation of "ignorant wretches, who feel neither repugnance nor remorse in trifling with human life."

Your Excellent correspondent states, that even a slight *nomenclature of drugs*, and merely marking the door with the word *surgeon*, are a sufficient passport to insure a respectable grade in society for those charlatans, as he is facetiously pleased to term country practitioners, whether from his consummate ignorance of any other term, or to satisfy a malignant and personal pique he may entertain against them, I will leave to his own deliberation and reflection.

In the same unwarrantable strain of invective, he states, that those "poor wretches, who are compelled to apply to these *miscreants*, are pitiable in the extreme, and that there is nothing to equal or to be compared with the melancholy results of their misapplied means." This may do well to satiate the pride, or please the consummate vanity of the London hospital surgeons, (whose manual dexterity has so often called forth your critical flagellation,) but I appeal to every one at all competent to judge of the merits and demerits of the members of the profession, whether there does, or has at any period existed, in any part of the kingdom, men of so worthless and abandoned a cast; and I am sure country surgeons will bear me out in denying, that there ever did, or can, at this moment, be found, men of any thing like the description he would obtrude upon the public.

Your correspondent next enters into a detail of the blunders they are in the daily habit of committing; mistaking one disease for another, treating inflammation with stimulants, not being capable of distinguishing a dislocation from a case in which no such accident exists, confusing enlarged glands with hernial tumours, &c.

Really we should be credulous in believing, that the medical men of the country are less cultivated in a knowledge of their profession, than a horde of Hottentots, or North American Indians; but granting

this, what can be expected from them, when they have such lucid examples, as are every day shown in perambulating the wards of our metropolitan hospitals, and eleemosynary establishments? Can their blunders, I ask, exceed the cases lately exposed by you of flint in the knee joint, lithotomy, &c., which charity forbids us to enlarge upon?

I regret to engross so much of your valuable time, by extending my remarks so far, but the importance of the cause will, I trust, plead my excuse; and I lament that your correspondent can select no other class on whom he can vent his spleen, and shoot the shafts of his malevolence; and, I trust, in justice to that respectable class, whose reputation I have faintly endeavoured to vindicate, you will give this a corner in your widely circulated and impartial journal.

I am, Sir,

Yours respectfully,

W. M. A.

London, June 23<sup>th</sup>, 1829.

#### — SOUND (CHIRURGICAL). —

#### To the Editor of THE LANCET.

SIR,—I was much amused with your correspondent's (X, from Norfolk) just description of the effects of ignorance and want of professional knowledge in parish and club doctors, so called. It would have been well if he had extended his remarks to town practice, or, at least, to the surgeons of a *certain infirmary*; he would there find an extensive field of villainous practice, and damnable doctrines for comment. Had he attended this emporium of good surgery, he would have had opportunities of seeing (by one surgeon) the iris transfixed in the operation for depression of the lens, a healthy testicle removed as a remedy for hydrocele, and the wonderful results of honey and digitalis as an external application for diseased joints; by another star he would have seen a case of *ophthalmia* discharged as cured with total loss of sight: this magnanimous hero has openly declared, whilst haggling in an operation, that five or ten minutes' delay is not worth consideration. The third luminary, more modest and conscientious, trusts his patients chiefly to the care of his friends; he generally manages to see them once in three weeks. Feeling that these circumstances call for publicity, I shall be obliged by their insertion,

And am, Sir,

Your obedient servant,

EXPOSITOR.

Derby, June 25, 1829.

# THE LANCET.

London, Saturday, July 11, 1829.

A FRESH attempt has been made, within the last few days, to foist upon the public another CHARITY JOB. Camberwell was the scene of action on this occasion, and a report of the proceedings will be found at page four-hundred and sixty-seven of our present Number. It will be seen that the scheme of the jobbers, owing to the honesty, intelligence, and public spirit of the inhabitants, was completely exposed and defeated. The medical practitioners of the neighbourhood, fully aware of the pernicious consequences resulting from dispensary and infirmary practice, bestirred themselves and their friends, and crushed the threatened evil in its bud. The object of the meeting was supported by only two persons connected with the medical profession, and whether they be Duns, or of the Rhubarb Hall Company, we know not, but, certainly, the names of EDWARD BEAN, and EDWARD FOWLER BEAN, do not appear in the list of MEMBERS of the Royal College of Surgeons. Notwithstanding this omission, they may be, and are, for aught we know to the contrary, very respectable individuals. That they have some ingenuity, there can be no doubt; and this is the season of the year when the energies of Beans are characterised by more than usual activity. In fact, this is the season when they are thrust before the faces of all classes of the community, to the great aversion of many it must be confessed, and, indeed, to the distaste of all, unless accompanied by certain spices and garnishes, but more especially with an article of Jewish abhorrence, strongly eulogised by Mr. Cobbett in his Cottage Economy. Now although the soil of Camberwell is rich and deep, it appears to be incapable of imparting to the vegetable we have just named, a finer flavour, or a more agreeable verdure

than it acquires elsewhere. In a word, the Beans of Camberwell, like all other beans, appear to be valueless without the swinish accompaniment. The Beans of Camberwell are aware of this unpleasant fact; and, in order to render themselves more sightly and palatable to their purchasers and neighbours, are very desirous of being united with a *little* touch of fat bacon, misnamed a *dispensary*. "Charity begins at home," said the Beans of Camberwell: "in remembering the condition of the poor, we must not be unmindful of our own." The poor did they say? Oh, no! The requisition states that this dispensary is to be established for the relief of the *middling* classes of society. Impudence and quackery! Yes, these dispensaries are nothing less than decoys to the *middling* classes; but, unhappily, to the lower classes of society, they are instruments of experiment, negligence, and destruction. The picklers of the bacon know well the bait they intended to prepare for the "*middling* classes of society," and the thousands they expected to allure by it. Really, dispensaries are such open frauds and impositions, that we are astonished the public has not had sufficient sagacity to see their true character; but our surprise is much greater, when we reflect on the supineness with which these increasing evils have been looked upon by the mass of the profession. Can a subscriber to a dispensary be so stupidly ignorant, as to believe that a sick person will receive proper medical attention and medicines during a year, for the sum of one guinea? For the rule of dispensaries is, that a subscriber of one guinea annually, may constantly have the name of a patient on the books for a whole year. What is the charge to a subscriber himself if he be ill? A guinea is gone in a single day, and often much more. Is there not imposition, then, somewhere? Why, no,—it may be answered,—the medical officers of dispensaries are so very charitable, that they make up every deficiency by the sacrifice of

their own time and money. Or, on the other hand, the subscriber may believe, that the practitioner who has charged a guinea a day for his medicine and attendance, is the real impostor; and here it is that the dispensaries and infirmaries, while they are destroying the poor, are also reducing to beggary and ruin the great mass of the *deserving* portion of the profession. We say without hesitation, *destroying the poor*; for it is notorious to the profession, that the majority of the Duns and pretended surgeons who hold the offices in infirmaries and dispensaries, are the most ignorant of impostors, and that they obtain their places by stuffing and knavery. The manner in which the poor are treated by some of these charity-mongers is truly horrible. We know of one fellow who contrived, some time back, to get himself elected to a large dispensary, although, up to the period of his election, he had not performed a single surgical operation worthy of being called an operation— who knew no more of medicine than the duck on which we are now writing—the extent of whose charity and benevolence may be appreciated by the fact, that he openly contends for “the propriety of *smash*’s cutting the throats of his newly-born infants if he consider that he has too many children, and has not a fair prospect of maintaining them;” and who once, for the “*poor of charity*,” treated a blind woman with ulcerated legs, in a way which we will not now state. This is a pretty fellow to hold an important office in a charitable institution. But the subscribers to his *charity* and the public shall know more of the monster before we have done with him. Such a man must be a truly kind and humane attendant on the poor.

We have said, that a subscriber to a dispensary may regard a practitioner as an impostor, if he charge a guinea a day for medicine and attendance. But we might have spoken more decidedly, and have stated, without qualification, that subscribers to dispensaries, and the public in gene-

ral, now look upon *every* surgical bill which contains *adequate charges* for time, trouble, and medicine, as an imposition. Only a day or two since, a *charge*, made by a highly respectable practitioner, of four pounds some shillings, for attendance and medicines, supplied to a pauper during a period of nearly six weeks, was deemed a most unreasonable demand by the overseers of Bloomsbury parish. Yet nothing could have been more reasonable. Had there been a *dispensary* in the parish in which the pauper resided, the surgeon would have lost his patient. Thus in every way do these dispensaries and infirmaries work the ruin of the profession. The practices of these institutions have taught the public to look upon medicines and attendance as almost worthless, seeing that they are bestowed upon a patient at a *charity*, without any intermission during a whole year, for the sum of *one* guinea; and they look, therefore, upon a demand for a proper remuneration, with indignation and disgust, hence they charge their medical attendants with the phases of the moon. The members of the medical profession are, accordingly, in a fair way of doing well. The higher classes regard them as impostors, and the “*middling classes*” are supplied gratuitously with medicines and attendance by quacks, fools, and knaves. Have the public forgotten the manner in which the Ophthalmic Infirmary in Moorfields was established by Dr. FARRE and DICK BATTLE, for their “good friend” SAUNDERS—the way in which the thing was upheld by the infamous medical press of that day—the support the *ARCANT* operator received from the *heads* of the profession? Our exposure of this transaction took place, it will be recollected by many of our readers, in October and November, 1826. Actions and indictments were menaced, but we pursued the even tenor of our way, unawed by threats, and regardless of the impotent shafts of malignity. The beneficial effects of our labours in that instance are now be-

gaining to appear. The public and the professions are at last awakened to a sense of their duty, and perceive, as we knew they soon would, the ~~beneficial~~ influence of those minor human slaughter-houses, infirmaries and dispensaries. The surgeons and inhabitants of Camberwell have led the way in opposing these pest-houses, and we heartily thank them for their spirited exertions.

#### CHARITY MANUFACTORY AT CAMBERWELL.

A MEETING of the inhabitants of Camberwell and its vicinity was held in the Vestry Hall on Monday evening last, in pursuance of the subjoined requisition, which, together with the answer appointing the time for holding the meeting, ~~has~~ been, during the past week, extensively placarded throughout the district.

"To the Rev. JOHN GEORGE STORIE, Vicar of the Parish of Camberwell.

SIR,—We, the undersigned inhabitants of the village of Camberwell and its vicinity, considering that in so populous a neighbourhood it would be most desirable to form a dispensary, by which immediate and gratuitous assistance might be rendered to the middling and lower classes of society, do request that you will convene a Meeting of the inhabitants, to consider the propriety of establishing such an institution.

James Walsh.	Charles Dodd.
James Fisher.	David Gordon.
A. Hoffman.	Charles T. Pearce.
T. Webb Gilbert.	Stewart P. Pearce.
J. W. Liddiard.	J. Herbert.
Edward Dean.	Edw. Fowler Bohn.
Wm. Mansfield.	

Camberwell, June 24th, 1829.

To the Inhabitants of the Village of Camberwell and its Vicinity.

GENTLEMEN.—In pursuance of the above requisition, I request your attendance at a meeting of the inhabitants of the village of Camberwell and its vicinity, to be held at the Vestry Hall on Monday evening, the 6th day of July next, at eight o'clock precisely.

JOHN GEORGE STORIE, Vicar.

Camberwell, June 25th, 1829."

At eight o'clock, about forty persons had assembled, and the Vicar having taken the chair, briefly explained the object of the meeting. It was then moved, that an insti-

tution be formed, to be designated "The Camberwell, Dulwich, and Peckham Dispensary;" to this an amendment was proposed, "That such an institution is entirely uncalled for." The originators of the measure were called upon to show the necessity for the establishment of a dispensary—to make ~~one~~ a case. It was inquired, whether the medical attendants of the parish, four in number, were remiss in their attendance on the poor—whether any instances could be pointed out, in which bad consequences had ensued from want of proper and timely medical aid. Some severe observations were made on the ~~present~~ attempt to "do good by stealth," from the circumstance, that none of the medical men in the district, with the exception of the two persons whose names were attached to the requisition, had been consulted upon the subject, but that, in fact, they were unanimously opposed to the institution of a dispensary, from a conviction, that the medical wants of the poor were already amply provided for. It was said by those who advocated the proceeding, that a numerous class of persons existed, who do not like the "exposure" of applying for the attendance of the parish-surgeon, but who would gladly avail themselves of the gratuitous assistance afforded by a dispensary. To this it was replied, that the "exposure" in asking for a subscriber's letter, is equally great with the application for the medical attendant of the parish; and that it is highly detrimental to the proper feelings of independence, which deserve to be cherished, to provide relief for persons, as it were, almost indiscriminately—that flagrant abuses do already exist with respect to advice and medicines being obtained at dispensaries, by those who can well afford to pay—and that such abuses are an injury to the general interests of the medical practitioner, as repugnant to the notion of true charity.

It was further contended, that requisite attention is not paid to acute cases which present themselves in dispensary practice, because they require a vigilant superintendence at the bed-side; and that, to expect a physician or surgeon, who receives no remuneration, to give such attendance far and wide, is, from the very nature of things, absurd. In confirmation of this opinion it was stated, that one of the physicians to a large dispensary, on being asked how he managed his acute cases, said, that he took care to prescribe something which would do no harm, and trusted to directions about diet. Thus dispensaries, it was said, became curses instead of blessings, for, in such cases, people were deluded by the hope of obtaining relief, which otherwise they would have effected either through the means of a parish surgeon, or a private medical at-

tendant—to one of whom they perhaps applied, when a disease had run its course, and was past remedy. Some animadversions were made on the circumstance of the requisition stating, that the proposed dispensary was to afford relief to the "middling" as well as lower classes of society; and Mr. HAN, Sen. was charged with having, at a period of about three years since, utterly discontempered the idea of forming a dispensary at Cumberwell, a measure which was at that time in contemplation. The whole of the speakers concurred in passing the highest eulogiums on the skill and humanity of the medical attendants of the parish; and the supporters of the resolution for the establishment of a dispensary, admitting that the poor received proper medical aid, confined themselves to the argument of benefit likely to ensue to those persons who were "above" asking for a parish surgeon. It was positively denied, that the dispensary was "got up" under the auspices of the medical gentlemen whose names were attached to the requisition; it was said, that they merely signed it as private individuals, inhabitants of the parish, from humane motives, and without any ulterior object. Upon this it was simply remarked, that as the two persons in question were the only medical gentlemen in the district favourable to the measure, it followed as a matter of course that they must be the surgeons; or, otherwise, if the dispensary were formed, the subscribers must go out of their own neighbourhood to find surgical attendants.

After some further discussion, the original resolution was withdrawn, and, as it appeared somewhat unpleasant to the feelings of the persons who had signed the requisition, that a resolution should be passed to the effect of a *disputary* being entirely unnecessary, and it being as late as ten o'clock, a motion of adjournment was made and carried.

Some remarks were made at the close of the meeting, on the propriety of conferring with the medical gentlemen of the district, and then, if necessary, convening another assembly; but as these gentlemen, through the medium of their friends, expressed their decided disapprobation of the measure, it is scarcely possible to suppose they can be reconciled to an approval of it, and here, we have no doubt, the matter will end.

The discussion was, upon the whole, carried on with good temper and moderation, but it was apparent enough, that some of the requisitionists departed highly chagrined at the unexpected termination of the business.

### *The Phrenological Journal. No. XX.*

*Observations on the Phrenological Development of Bark, Ware, and other atrocious Murderers.* By THOMAS STONE, Pres. of the Roy. Med. Soc. Edin.

[Concluded from p. 438.]

BAYON inserting the extracts from Mr. Stone's pamphlet, which we promised in our last Number, we are desirous of saying a few words by way of explanation relative to an expression used on that occasion, because it seems to have given rise in several quarters to a good deal of misconception as to our meaning. We observed, that "if the statements of Mr. Stone could not be disproved, either the whole system of phrenology which they are intended to 'subvert' must be abandoned, or the science itself must be remodelled, and placed on a basis more tenable than that on which it at present stands." Had the passage been worded thus, "the system of phrenology as taught in *Edinburgh*," &c., there could have been no misconception; because the bumps, callipers, manipulations and measurements, resorted to and practised in that place, form no portion of the philosophy of the mind as taught by Dr. Spurzheim. We had not, therefore, the slightest intention of depreciating the labours of that great and excellent man. But we were desirous of showing that, if the statements advanced by Mr. Stone cannot be refuted, the quackery and humbug of pretending to ascertain the amount of a man's intellect, by gauging his skull, ought no longer to be encouraged in the minds of rational beings. With many, this may not have hitherto appeared either absurd or delusive; but now that we are told in the *Phrenological Journal*, that *Bark*, the atrocious, cold blooded *Bark*, the detestable and horrible monster *Bark*, that that beast of beasts, who deliberately and successively murdered fifteen human beings, for the paltry sum for which he

could dispose of their bodies; when, we say, we are told by the phrenologists themselves, that this wretch of unequalled infamy had "the organs of the moral sentiments tolerably well elevated, the love of approbation full, veneration and conscientiousness full"—when, we repeat, we are told these things by the phrenologists themselves—in the name of God let us hear no more of the science "of ascertaining a man's knowledge and propensities by an admeasurement of his head." Science, indeed! Was there ever such an abuse of words? We will not waste our time, however, or insult the understandings of our readers, by entering into any argument upon such a subject. From the first we have been opposed to the ridiculous practices and absurd doctrines of the bumpists, but, at the same time, we have not failed to uphold the fundamental principles of phrenology as taught by Spurzheim: doctrines, not only beautiful from their truth and harmony, but calculated in the highest degree to improve the moral and physical condition of mankind.

After the admissions of the phrenologists themselves, as published by us last week, (page 435,) it may seem a work of supererogation to furnish any other materials for exposing the quackery of the "bump and calliper" gentry; but Mr. Stone has so manfully seized the bull by the horns, has treated his subject with so much perspicuity, and his facts are so numerous, interesting, and conclusive, that we cannot doubt their perusal will afford the reader great satisfaction.

Mr. Stone commences his inquiry by asking—

*"Does the Phrenological Development of Burk correspond with his acknowledged Character?"*

He then proceeds thus:—

"On the morning after the execution of this criminal, his body was at an early hour conveyed to the anatomical-rooms in the College, and our distinguished and popular pro-

fessor, Dr. Monro, gave, the same morning, a public demonstration of the brain. In the course of this dissection nothing remarkable was observed, excepting a certain degree of softness of the cerebral substance, which has been noticed by the learned Professor in the brains of other criminals also examined under similar circumstances, and which he is inclined to attribute to the lowness of the prison diet some weeks previous to execution. It has been falsely and ignorantly stated to the public, that the lateral cerebral lobes were unusually developed, and the skull in that region rendered, in consequence, remarkably thin. Having made particular inquiries on this subject, I am enabled, on the best authority, to state positively, that no such remarkable development was observable. The attenuation of the bone alluded to refers to the squamous portion of the temporal bone, which is generally thinner than any other part of the cranium; and were the statement, therefore, even admitted to be correct, it would constitute no peculiarity in the skull of Burk. I may add, that I have examined many crania, in which, although the bones were much thinner generally, yet, over the region of destructiveness, they were much thinner and more diaphanous than in this murderer, without the slightest external protuberance. The effect of any unusual fulness of the cerebral convolutions, seems indeed not to produce any elevation on the external table of the cranium, but simply to attenuate the internal, which is observable in the indentations of the *glandule Pacchioni*, which never produce any corresponding eminences on the external cranial surface.

The organ of destructiveness in Burk has been called large. I proceed to inquire into the correctness of this report, and shall compare it, both in its absolute and relative size, with the same organ in two series of crania.

1st, With 50 crania, principally British, collected by Sir William Hamilton, with the measurements of which he has kindly favoured me.

2d, With the 50 crania collected by Dr. Spurzheim, and at present in the Edinburgh Museum; of which 37 are male, 15 female. These also form a part of Sir William Hamilton's extensive induction, and being a closed collection, which may be appealed to at any time, I refer to them with confidence.

To ascertain the size of the cranium, I have had recourse to two methods:—

1st, I have taken its linear dimensions, including its length, breadth, and height; the latter being obtained by measuring, with the callipers, from the anterior

edge of the foramen magnum to the bregma.

2d, I have referred to the capacity of the cranium, or the weight of encephalon contained in each, which is ascertained by filling the skull with sand, weighing the quantity each contains, and reducing the specific gravity of the sand to the specific gravity of the brain.

I give, first, the absolute size of the several organs; secondly, their relative size, or the proportion which each bears to the contents of the skull, or to the weight of the encephalon. The latter, in consequence of crania being sometimes broken, it is not always possible to obtain, and in those examples the lineal dimensions are referred to. It is therefore of importance to notice, that I have found, from an induction of upwards of a hundred crania, that the proportions of the organs to the various sizes of crania, have borne a general relation to the proportions of the same organs to the same encephala. I give the result of my induction disjunctively, as well as concretely, to prevent the suspicion of any anomalous cases having affected the general average.

The size of Burk's cranium is 18 inches.

The weight of encephalon 305.97 grains.

From destructiveness to destructiveness measures 5.35 inches.

The proportion of destructiveness to the size of the skull is as 1 to 3.364.

The proportion to the encephalon as 1 to 3.253.084.

On referring to Sir William Hamilton's General Table of adult male crania, I find, of fifty in which the measurement from destructiveness to destructiveness was taken, 8 are  $\frac{1}{4}$  above Burk, 29 are still larger, 13 only are less.

The average size of these crania, estimated by the lineal dimensions of length, breadth, and height, is 18.3 inches.

The average size of the organ of destructiveness is 5.5 inches.

The proportion of destructiveness to the general size, on the general average of these crania, is as 1 to 3.309.

The results of the induction from these 50 crania are—

First, 37 of the 50 have the organ of destructiveness in its absolute size larger than Burk.

Second, the organ of destructiveness in Burk is in its absolute size below the average of these 50 crania.

Third, The relative size of the organ of destructiveness, or its proportion to the lineal dimensions of the cranium, is, in Burk, also below the average.

I proceed next to the second series of crania to which I have adverted, the collection of Dr. Spurzheim, in the Edinburgh Museum.

The average absolute size of the organ of destructiveness in these 57 male crania is 5.6 inches.

The average relative size of the organ of destructiveness, or its average proportion to the encephalon, is as 1 to 3.634.261.

Of these 57 crania, taking them disjunctively, 34 have the organ of destructiveness in its absolute size larger than Burk—27 have it larger in proportion to the encephalon.

The result is that, when compared with these 57 crania, the organ of destructiveness in Burk is both absolutely and relatively below the average size.

Having established this fact by the most direct and conclusive evidence that can possibly be obtained, it cannot fail to illustrate, in a very striking manner, the fallacy of this phrenological indication.

This murderer, it should be remembered, was not instigated to the commission of crime by the want of those common necessities of life which have sometimes urged the victim of poverty to become the victim of guilty desperation. He was, although a stranger, and poor, when he arrived in Edinburgh, a man who had borne a respectable character, and might have procured some honest employment; but it appears that, one evening, when sitting by the fire-side with Hare, they overheard a woman lodger breathing heavily in her sleep, on which Hare remarked, "Do you hear that? it would not be difficult to take her where we took Donald," a poor pensioner who had some days before expired in the same room, and whose remains they had subsequently sold. The diabolical suggestion was no sooner given utterance to, than Burk readily acquiesced, observing that they might have recourse to the method adopted by Hissael, when he destroyed Beelshadad the King of Syria, by dipping a cloth in water, and covering his mouth. The hint was immediately put in practice, and from that night a deliberate system of murder was carried on, the aggravated horrors of which transcend all possible description, and do more than realize the most tragical scenes that "fiction ever feigned, or fear conceived." Nor does the disposition of Burk seem to have been influenced by any remarkable desire of gain, or acquisitiveness. He allowed Hare and his wife, it appears, to share the greater part of the blood-money they obtained; and Hare himself acknowledged that Burk was always very ready to give away his money, and free with it among those of his companions who were poorer than himself. On one occasion, a student having purchased and paid him for the extremity of a subject, Burk received the price of the body to the full amount, on which he immediately sought the student,

and, of his own accord, refunded him the money. Throughout his guilty career, he manifested, to a singular extent, all the attributes which are by phrenologists referred to the supposed organ of destructiveness, which, so far from possessing any characteristic development, is the very reverse of the condition it should have exhibited, in order to accord with one of the most fundamental propositions of the phrenological theory.

The organ of benevolence next claims consideration; and surely never did any individual more completely divest himself of all the commonest sympathies of humanity than Burk? He had indeed so familiarised his mind to scenes of murder, and his heart, hardened with excess of crime, had become so callous, that he not only viewed with disregard the anguish of the sufferers who were immolated on the infernal altar of his iniquity, but seems coolly, in the midst of his atrocities, to have retrospected himself to the ignominious fate which he knew awaited him. So frequently had he grappled with the dying—so often had he hurried his victims into the arms of death—that he seems, for a time, to have viewed with indifference the terrors of his countenance. The day before his execution, he stated that, in his soberest moments, he frequently used to reflect that he should one day be hanged, and often accustomed himself to consider how, when the time arrived, he should conduct himself on the scaffold. His savage disposition frequently manifested itself, and more than once he beat the women with whom he cohabited, in so barbarous a manner, that medical assistance was obliged to be procured for her. The organ of benevolence on the skull of Burk, measures from the *mentus* 5.1. Its proportion to the *encephalon* is as 1 to 4020.980. On referring to the table of adult male crania, the average size of benevolence in the 37 crania, is 5.011. Its average proportion to the *encephalon* is as 1 to 4089.288.

Taking them disjunctively, 9 of these have the organ of benevolence in its absolute size the same as Burk; 20 in its absolute size less than Burk; 22 have it less in its relative size, or in its proportions to the *encephalon*.

The organ of benevolence in Burk is, it will be seen, both absolutely and relatively above the average size of the same organ in these 37 crania.

On this fact it is unnecessary to comment; I am indeed aware it has been stated by some of the most distinguished of the Edinburgh phrenologists, that, in accordance with the large development of the organ, Burk was really a benevolent man; but I apprehend the public generally will maintain a very different opinion, and to argue

the point seriously, would be to indulge in one of the severest satires that can be conceived, on the incongruity of the phrenological doctrines.

I next proceed to the organ of conscientiousness.

This organ in Burk measures from the *mentus* 4.8. Its proportion to the *encephalon* is as 1 to 4458.043.

On referring to the table of adult male crania, it will be seen that the average absolute size of the organ of conscientiousness is 4.462. The average relative size is as 1 to 4585.414.

Taking the crania disjunctively, 9 possess the organ of conscientiousness in its absolute size; 21 in its relative size less than Burk.

The result is, that Burk possesses the organ of conscientiousness both absolutely and relatively above the average size.

The organ of sensitiveness next deserves particular attention, as Burk manifested the propensity attributed to it in an excessive degree. He married at an early age, and on the pretext of a quarrel with one of his wife's relatives, left her, and absconded with another woman; and even when living with her, maintained another prostitute in the Canongate, at his own expense, with whom he was systematically cohabited. The phrenologists have themselves avowed, that the large development and abuse of this organ, was, in a great measure, the cause of his entering on so fatal a career of crime. They have, therefore, announced that it was large;—this I deny.

In the paper I had the honour of reading to this Society in 1825, I observed that the phrenological casts of murderers, for the following reason, never can be relied on: when the criminal, having been executed, is cut down, the body is thrown generally upon its back, and the blood, which, in cases of death by lightning, drowning, hangings, &c., remains uncoagulated, gravitates to the most depending parts of the person, a considerable distension of the muscles of the back, neck, and posterior parts of the head, is thus produced; and over this distension the cast is usually taken. The organs of the alleged animal propensities are, in consequence, made to appear very large, whilst those to which the intellectual faculties and moral sentiments are ascribed, for the same reason, and from the contrast, present as remarkable an appearance of deficiency. Such was the condition of the head of Burk at the time when Mr. Joseph took the cast of it,\* which, in this, as in other instances, forms a part of the erroneous data on which phre-

\* It was from the cast of Mr. Joseph that the developments given in the *Phrenological Journal* were taken.—Ed. L.

nologists accustom themselves to reason.\* The organ of amativeness may then have appeared large; but this only affords an additional illustration of the impossibility of forming, from external inspection under such circumstances, any correct idea of the size of the cerebellum.

Here I must acknowledge myself indebted to Sir William Hamilton, who has favoured me with a comparison of the weight of Burk's cerebellum, with the cerebella of various classes of subjects. We need not, in the present instance, therefore, trust to the report of any external manipulation, as we thus have it in our power to set all conjecture at rest, by appealing to the most satisfactory and conclusive evidence. From this comparison it appears—

1st. The cerebellum of Burk is less than the average of all the adult males. (Twenty in number.)

2d. It is less than the average of all the impuberal males, from three years of age to fifteen. (Seven in number.)

3d. It is less than the average of all the adult women under sixty. (Fifteen in number.)

4th. It is less than the average of all the impuberal males above four. (Two in number.)

On comparing the size of Burk's cerebellic cavities with those of the different classes of subjects in Sir William Hamilton's table of open crania, they are—

1st. Less than the average of the male adult crania. (Thirty-three in number.)

2d. Less than the average of the female adult crania. (Thirty-two in number.)

3d. Less than the average of the female impuberal crania, from four to twelve. (Six in number.)

They are a little larger, however, than the male impuberal crania.

The morning I took the size of the cerebellic cavity in Burk, two subjects, one a woman of thirty-eight, the other a female child of eight years of age, happened to be lying on the table, with the crania open. I proceeded, therefore, to compare the size of

their cerebellic cavities with Burk's. Sir William Hamilton was present, who, from his extensive experience and knowledge on this interesting point of controversy, predicted that the child and woman would be found to possess each a larger cerebellum than Burk. I confess I was somewhat sceptical as to the result of the experiment, but found, on measuring the dimensions, as follows:—

	Circumf.	Length.	Breadth.	Total.
Burk .....	7	.. 2.8	.. 1.8	.. 11.6
Woman ....	7.1	.. 2.8	.. 2	.. 11.9
Female child	7.2	.. 2.8	.. 2.1	.. 12.1

Hence both the woman and the child proved to have the cerebellic cavities larger than they are found in the murderer Burk; and this will not fail to make the erroneous phrenological assumption appear still more ridiculous, when it is considered, that so much of the moral degradation of this atrocious villain was referred to the size and abuse of an organ, which even an impuberal child of eight years of age possessed larger.

In addition to the number of facts which have been accumulated by Sir William Hamilton, and which constitute the extensive induction he lately communicated to the Royal Society, I cannot help regarding these also as strongly illustrative of his position, that while the cerebellum bears its largest proportion to the cerebrum at three years of age, the whole encephalon attains its full complement before the age of puberty, and the former is absolutely and relatively larger in the female than the male. It is certainly singular, that physiologists have so little investigated this interesting subject of inquiry, and the scientific world will not fail to acknowledge itself indebted to the researches of Sir William Hamilton.

The public is aware that Burk suffered under a complaint which was of a scrofulous character; and the following is a report of the pathological appearances which on dissection were presented. The account was originally drawn out by Mr. Miller, the assistant of Dr. Monro.

It is worthy of remark, that those who examined the body of this foul murderer, observed only one testicle, the other having been absorbed through a disease under which he had laboured. This disease appeared to have been a scrofulous ulceration of the testicle, and I have placed these appearances underneath, which presented themselves after death. The exterior of the scrotum, viewed from the left side, presented the appearance of a natural raphe; but, on the right side, many ulcers were visible, and, as it were, sinuous and elongated. These were seated principally in that part of the scrotum which lies against the inside of the thigh, when the body is erect,

† It is acknowledged that the organ of destructiveness, owing to the "swelling of the integuments," measures on the cast of Burk two-eighths more than it did on the head during life. Why has not an acknowledgment of a similar kind been made in reference to the busts of Hapgood, Pabst, Thurtell, Mackinnon, &c.? Are the phrenologists not aware that such must have been the case in every criminal whose cast has been taken under similar circumstances? How is it possible to judge of the relative development of any of the supposed organs, when the posterior and postero-lateral parts of the head are in this state of congestion?

and also in that part where the scrotum and thigh are united. On a less close inspection, these ulcers would appear only on the surface of the skin, and not to penetrate deeply towards the testicle itself. On opening them, and removing their external covering, some matter of a yellowish colour was found, similar to that which flowed out of the sinuses. On cutting farther on the right side, not the smallest trace appeared of the tunica vaginalis, nor any part of the testicle; their place was filled by a semi-fluid matter, dark, having no peculiar smell, in some degree resembling meconium, but not of so dark a colour. The vasa seminalia were larger than usual, and contained a yellowish fluid. In many places the septum of the scrotum was destroyed, and a little of this darkish matter was found also on the left side, at the upper and outer surface of the tunica vaginalis. The adipose and cellular membranes which cover the tunica vaginalis, were likewise filled with the same. On the left side, the tunica vaginalis and the testicle, as to their structure, presented a natural appearance; but this testicle was certainly smaller than usual, which is very far from being the case in general, where one testicle has been destroyed. The spermatic chord was found to exceed the usual size.

As Burk had been labouring under this complaint for many years, according to the statement of Gall and Spurzheim, we ought to have found a diminution of the opposite lobe of the cerebellum; but no such difference was observed.

In the case of Bobby Auld, a celebrated idiot boy, who was well known in Edinburgh, whose death was caused by a kick from the heel of an ass in the groin, it was found that neither testicle had descended into the scrotum. The right one, when laid open by dissection, was very small, and adhered to the blind head of the colon; not a vestige of the left could be found. The spermatic chord, and the vesicula seminalis of each side, were natural; hence, and from the nature and history of the disease, it would certainly seem, that the left testicle must have existed formerly, and afterwards become blended in a morbid and spongy mass.

In this instance, although the cerebellum was stated to be small, yet, in proportion to the cerebrum, it bears its appropriate size. The cerebellar cavity measures in circumference 7.6 inches; in length 2.5; in breadth 1.9; total 12, which is also larger than Burk's.

I have now selected two of the most prominent features in the character of Burk: first, his destructiveness as a cold-blooded systematic murderer; second, his amative-ness, which is admitted to have been ex-

cessive; and, directing the attention of the phrenologists exclusively to these manifestations, have proved them to be directly at variance with his phrenological development. It is unnecessary to enter into minor details. My counter-phrenological propositions are—

First, the organ of destructiveness in Burk is absolutely and relatively below the average size, whilst benevolence and conscientiousness are absolutely and relatively above the average size.

Second, the cerebellum in Burk was also below the average size.

## II. Does the Phrenological Development of Hare correspond with his acknowledged Character?

The evening before this miscreant was liberated from prison, with the assistance of an able phrenologist, and in the presence of several individuals, some of whom were favourable, others adverse, to the phrenological theory, I took the measurement of his head, of which the following is the report:—

	Inches.
Size of the head .....	13.8
From the ear to lower individuality .....	4.8
From ditto philoprogenitiveness .....	5
From ditto to benevolence .....	5.4
From ditto to conscientiousness .....	16
From destructiveness to destructiveness .....	5.95
From acquisitiveness to acquisitiveness .....	5.55
The proportion of destructiveness to the size of the head, is as 1 to 2.519.	
The proportion of benevolence to ditto, is as 1 to 2.555.	
The proportion of conscientiousness to ditto, is as 1 to 3.	

After consulting a number of scientific authorities, and making a variety of experiments to determine which is the best method of ascertaining the size of the head, I have not found a better suggested than that which is adopted by Luttery, who add together the length and the breadth, for the purpose of taking the mean diameter. To gauge its depth, or ascertain in any way the precise capacity of the living head, I find to be impracticable; and Luttery, as I have already stated, found on a large induction, that the proportions of the several organs to the linear dimensions of crania, bear a general relation to the proportions of the same organs to the same encephala, I have adopted the method to which Luttery has recourse, for the purpose of giving the proportions of the organs to the diameter of the head.

On comparing Hare's organ of destructiveness with my table of Englishmen, (28 in number,) I find

11 have it in its absolute size larger; 6 in absolute size the same as Hare.

20 have it in proportion to the size of the head larger.

The average absolute size of the organ of destructiveness in the 28 Englishmen, is 5.953.

Its average proportion to the size of the head in the same, is as 1 to 2.382.

The result is, the organ of destructiveness in Hare is, in its absolute size, not above the average; in its relative size, or in proportion to the dimensions of the head, it is below the average.

On examining my table of Scotchmen, (25 in number,) I find

13 possess the organ of destructiveness in its absolute size, larger than Hare, 6 the same.

20 possess it larger in proportion to the size of the head.

The average absolute size of the organ of destructiveness in the 25 Scotchmen, is 5.97.

The average proportion to the size of the head, is as 1 to 2.276.

The result is, that compared with my table of Scotchmen, the organ of destructiveness in Hare is nearly the same in its absolute size as the average, the former measuring 5.95, the latter 5.97 inches; but in proportion to the size of the head, Hare's organ of destructiveness is below the average.

On referring to my table of Irishmen, (27 in number,) I perceive

12 possess the organ of destructiveness in its absolute size larger than Hare.

16 possess it larger in proportion to the size of the head.

The average absolute size of this organ in the 27 Irishmen is 5.907.

Its average proportion to the size of the head in same, is as 1 to 2.306.

The result is, that compared with my table of Irishmen, the organ of destructiveness in Hare is, in its absolute size, nearly the same as the average, the former being 5.907, the latter 5.95 inches; but, in proportion to the size of the head, Hare's organ of destructiveness is below the average.

From the general lowness of the head of Hare, the organs of benevolence and conscientiousness are both a little below the average size; but so far from this constituting any peculiarity in his case, or being indicative of the character he manifested, several individuals in my tables will be found to possess these pretended organs of the moral sentiments even still more deficient.

In my table of Englishmen,

3 have the organ of benevolence in absolute size the same as Hare.

8 have it in absolute size less than Hare.

5 have it less in proportion to the size of the head.

In my table of Scotchmen,

2 have the organ of benevolence in its absolute size the same as Hare.

4 have it in its absolute size less.

4, in proportion to the size of the head, have it less.

In my table of Irishmen,

7 have the organ of benevolence in its absolute size the same as Hare.

6 have it in its absolute size less.

5 have it less in proportion to the size of the head.

Of the organ of conscientiousness, it will be seen in the table of Englishmen, that

4 have it in its absolute size the same as Hare.

5 have it in its absolute size less.

In the table of Scotchmen,

6 have it in its absolute size the same,

4 have it in its absolute size less than Hare.

In the table of Irishmen,

8 have the organ of conscientiousness in its absolute size the same as Hare; 3 less.

Hence, notwithstanding that the head of this murderer is characterized by a deficiency in the development of the alleged organs of benevolence and conscientiousness, many individuals of exemplary character are found to possess the same organs still more deficient; and, consequently, this configuration is by no means indicative of that moral degradation which the murderer exhibited. It should also be remembered, that the persons whose measurements I have presented in my tables, were taken *without any selection*; for had I, in imitation of the phrenologists themselves, proceeded on the principle of excluding from my induction all negative testimony, and given merely those examples which favoured my own views, I could have collected many more with the destructiveness larger than Hare, and the presumed organs of benevolence and conscientiousness absolutely and relatively smaller. But by merely having recourse to indiscriminate measurements, several such have occurred, and, consequently, we are entitled to conclude, that such a configuration cannot be relied on as an indication of moral depravity, but is a common condition of the head, which may co-exist with every variety of disposition.

The most remarkable and best developed phrenological organ in the head of Hare, is his *ideality*. At the time we took the measurement, one of the most highly-gifted and popular of our living poets was present, whose genius is peculiarly characterized by

the vividness and power of its idealism. On applying the callipers to the organ of ideality in Hare, each leg of the callipers resting up the origin of the temporal muscle, and transferring them to corresponding points on the head of the poet, we found that Hare possessed a larger organ of ideality than the poet. When applied to the former, the callipers rested on the origin of the muscle; when we attempted to apply them to the latter, they came down far over the belly of the muscle. The experiment was several times repeated, and from whatever point of the organ the measurement was taken, the result proved to be the same. Hare's organ of ideality, also, is larger than the same organ in Sheridan, Sterne, Canning, Voltaire, and Edmund Burke, the distinguished and eloquent author of the Letters on the French Revolution.

Notwithstanding his superior development of the organ of ideality, it would be difficult to conceive a more stupid and miserable wretch than Hare."

Mr. Stone's pamphlet, in addition to the foregoing extracts, contains many other facts, equally conclusive, against the quackery which has been so long in vogue in Edinburgh, and other places; but it is unnecessary for us to extend our extracts. We regard the subject as decided; and as to Burk, whatever of villainy attaches to his name for the murder of the defenceless victims whose bodies were sold to Dr. Knox, it certainly must be allowed that to him is due the merit of having destroyed the whole race of bumpsteers—men who tell us, with impudence not to be surpassed, that this wretch's organs, of love of approbation, veneration, benevolence, and conscientiousness, were fully developed!

## ST. BARTHOLOMEW'S HOSPITAL.

### OPERATION FOR STRANGULATED FEMORAL HERNIA.

HARRIETT HAND, *ætat.* 45, was admitted into Sitwell's Ward, under the care of Mr. Earle, on Friday, at two o'clock, *p.m.*, June 26, labouring under strangulated femoral hernia of the right side. States that the hernial tumour has existed since Wednesday last, and that her bowels have neither been evacuated since that time, though she

has taken a great deal of medicine, *moræ* for four or five days previously. Mr. Vincent has seen her to-day at her home; he recommended the performance of the operation, and that she should be conveyed to the hospital. As it was not Mr. Vincent's taking in week, however, she has been brought into Mr. Earle's Ward. She is of a dark complexion, rather corpulent, and has had nine children. Mr. Earle was from home, and Mr. Skey not immediately found, and the latter gentleman did not arrive till half past five o'clock. On examining the case, he considered it one requiring immediate operation, and proceeded forthwith to its performance. Having cut through the external parts, he divided the stricture, and returned a small portion of omentum. The gut was of a dark-brown colour, and highly inflamed. The operation lasted nearly half an hour, some slight difficulty having been experienced in its progress, in consequence of the length of time that had elapsed between the occurrence of the accident and the performance of the operation, and the inflammatory process set up. The edges of the wound were brought together in the usual manner, and the patient carried to bed. After the performance of the operation, she became so exhausted as, in the opinion of the operator, to require the administration of brandy; every effort was accordingly made, by his order, to get brandy, but the apothecary's shop was shut; and after three-quarters of an hour had passed in expectation of the apothecary's return, who it was said was at dinner, his shop being kept locked, the patient sank much, and she was under the necessity of taking wine instead of the brandy. In a short time she revived, took aperients, had three evacuations during the night, and slept pretty well.

27. Two o'clock, *p.m.* At half past ten o'clock this morning, complained of a little pain in the neighbourhood of the wound on inspiration; the pulse being rather full, the dresser took sixteen ounces of blood from the arm; the tongue is now rather white; there is considerable tenderness on pressure at the lower part of the abdomen, and she cannot draw a deep breath. Ordered to have two dozen of leeches applied to the right inguinal region, and sixteen ounces of blood again to be taken from the arm in the evening should the pulse continue as hard, and the pain as severe as at present. Pulse 124, pretty full, and rather hard. Take the effervescing draught every three hours, with a drachm of the sulphate of magnesia.

28. The symptoms last night did not call for further depletion, and, on the whole, she is better to-day.

30. The wound is sloughing, the discharge fetid, and the surface of the part assuming a gangrenous tint. Complaints of being restless.

Apply a solution of the chloride of soda, afterwards a bread-and-water poultice, and give twenty drops of the tincture of opium in a draught.

July 7. Is daily improving. The wound is perfectly healthy, and healing rapidly. Has no complaint. Tongue clean. Pulse regular. Can inspire freely, expresses herself perfectly comfortable, and will now, in all probability, soon recover.

#### AMPUTATION OF THE THIGH.

James Newall, *et al.* 20, was admitted into Darker's Ward, under the care of Mr. Vincent, June 27, for the purpose of submitting to the operation of amputation, in consequence of disease of the right knee-joint. The patient is rather tall, slender, with dark hair, and sallow appearance. He comes from High Rootling, Essex. The constitution does not seem greatly impaired; the knee is considerably enlarged; the leg is flexed to an angle of about  $45^\circ$ ; there is a copious discharge of thin fluid from one side communicating with the joint, but neither the coverings of the knee, nor of the inferior part of the extremity, are materially, if at all changed from their natural appearance. The patient having been blindfolded, and brought into the theatre on Saturday last, Mr. Stanley performed the amputation at the lower third of the thigh by the circular incision. A few bleeding vessels having been tied, he was again carried to bed, having borne the operation well.

After the operator had dissected the knee, he exhibited the parts to those who were present, and made the following

#### Observations.

Gentlemen, this patient has informed me that the disease made its appearance about two years ago, without any distinct cause; that it remained dormant for some considerable time, and that it then assumed such severity as entirely to cripple him and lay him up, despite all surgical skill. The incision I have made into the capsule, you will observe, displays the internal surface of the synovial membrane, which is, in part, destroyed, what remains of it is altered in structure, and covered by a curdled matter. The inter-articular cartilage of one condyle is gone. One of the crucial ligaments is destroyed, and probably, if you were carefully to dissect the side of the knee, you would find that, on the same side, the lateral ligament is also destroyed. The bones seem to be unaltered as far as their solidity is concerned, so that there does not appear to be scrofula. What opinion ought to be given as to the commencement of the disease—whether it began in the synovial membrane or in the cartilage, perhaps it is diffi-

cult to form a precise judgment. Whether it began in the one, or in the other, I really cannot say. The synovial membrane seems to be most diseased, and I should be inclined to think it most likely that it began there, that being the most vascular part of the joint.

#### Continuation from page 408 of the CASE OF RUPTURED BLADDER.\*

July 7. Ellen Butler has continued much in the same condition, since our report of her case. A piece of lint, dipped in a solution of the chloride of soda, has been kept between the labia, with the view of allaying irritation, and of getting the excoriated surfaces, if possible, in some degree healed, that an examination may be made to ascertain with greater accuracy the exact seat and extent of the injury. Such an examination the acute sensibility of the parts has as yet prevented. She states that she feels more comfortable than she did. Continue the application, and keep the bowels regular.

Mr. Earle, immediately after the operation on Saturday, wished to know whether, according to the understanding of the gentleman who reported the observations he made on the above case a fortnight ago, or that of the other gentlemen present, he had cast imputation on the medical attendant of that unfortunate girl! He had received a letter from the gentleman who attended her, from which it appeared, that he thought that he (Mr. Earle) had reflected upon his character in those observations, and this impression he (Mr. Earle) supposed, arose from that gentleman having read the report in *THE LANCET*. "What I stated was," said Mr. Earle, "not with particular reference to this individual case, but to the large number of cases which I mentioned to you I had seen. I said that I had reason to suppose, in those cases, the children's heads had been allowed to rest too long on bladders distended with urine, in their passage through the pelvis, and such, I am convinced, was the case in the present instance. If a small quantity of urine only had been drawn off on the introduction of the catheter, which, it appears, was three times introduced, I should have been more doubtful of the solution I now offer of this case. I have no doubt whatever, that the child's head prevented the descent of the urine into the lower part of the bladder, and that the urine accumulated in the upper part of the organ, there can be no reasonable ground for disputing. The pressure of the child's head upon the bladder against the brim of the pelvis, in my opinion, may have prevented the descent of the urine; but that it was

\* See page 419 of this day's *LANCET*.

secreted during labour, and filled the upper part of the bladder, no man can doubt. Now I should suggest, and I make this observation merely as a suggestion, because I don't practice midwifery for myself, that in a case where no urine flows after a common female catheter is introduced, you ought to use a long male catheter, or a flattened silver female one, much longer than is usually made; for I have no doubt, that in such a case, urine having existed higher up than the part to which the common catheter reached, that it would be drawn off by such an instrument as I have alluded to. Now that any blame rested with the medical man, who seems to have done his utmost, and who, by the letter I have received, states, that he introduced the catheter three times, without being able to draw off the urine, I am sure is what could not have entered into my mind, and which, from any interpretation of what I stated, could not have been inferred. I shall certainly look back to the report, to see if the representation of what I then stated, accords with what I now say. I was particularly anxious to draw the attention of gentlemen to this distinction, that when the bladder is lacerated, the water will come away *immediately* per vaginam, but, on the contrary, that when the bladder sloughs during parturition, it will be several days, sometimes three, four, or five, before it comes away through the opening into the vagina."

The gentleman who made the report stated, that he did not understand Mr. Earle to reflect on the conduct of the medical gentleman, nor did he suppose the report could bear any such interpretation, except so far as that (in his opinion) no such lamentable case could come from the hands of any medical practitioner without his being exposed to imputation, whatever language might be made use of in representing the case.

Mr. Earle, at the commencement of his remarks, read a part of the letter he had received, but until he had got some length, the reporter was not aware of its tenor, and, therefore, did not copy it as he proceeded. On being applied to afterwards for leave to take a copy of the part he had read, Mr. Earle stated, that he felt a delicacy in granting the request, without the authority of the writer.

## HOPITAL DES ENFANS.

### RUPTURE OF THE STOMACH AND DIAPHRAGM. TUBERCLE IN THE BRAIN.

C. F., a boy six years old, of healthy parents, was, on the 14th of April, admitted after an illness of ten days, during which he had constantly complained of headach. On

his admission, he was very restless and feverish; the cheeks high coloured, the pupils much dilated, and the head very hot; he complained of headach, sickness, and could not bear the light; the abdomen was slightly tender on pressure; the bowels were regularly open. After the application of fifteen leeches to the head, and of an emollient poultice over the abdomen, he became a little more tranquil and sensible; the pupils were, however, oscillating, the axes of the eyes diverging, and respiration somewhat suspicious. Six leeches were applied to the temples, two grains of calomel given four times a day, and, in the evening a blister applied to the neck and mustard poultices to the feet. The night of the 16th was very quiet; on the following morning the pupils were still dilated; he had had a copious stool during the night; the abdomen was not tender on pressure; the leeches were repeated, and four grains of calomel given four times a day. On the 17th no change had taken place, except that respiration had become more difficult. On the 18th, the strabismus and dilatation of the pupils continued, and he appeared to be less sensible; a blister was applied over the head, and the calomel continued, but without any effect, and he died on the morning of the 20th. The examination of the body, twenty-nine hours after death, was very interesting, inasmuch as it exhibited some morbid alterations, the presence of which was not at all suspected during life. The substance of the brain was very firm, and paler than usual; the lateral ventricles contained about two ounces of yellowish serum, and in the choroid plexus of the right side were a few hydatids of a line in diameter. In the middle upper portion of the right lobe of the cerebellum was an oval tubercle seven lines in length and four lines thick, of the consistence and structure of scrofulous tubercles in their first stage; it was lying loose in the substance of the cerebellum, and the peristemes of the cavity, in which it was contained, appeared to have undergone no morbid alteration. The lungs were slightly adherent to the pleura, and contained a few tubercles; the left lung was compressed posteriorly, and between it and the pleura was a considerable quantity of a brownish liquid, which, on closer examination, was found to have proceeded from the stomach, through a large perforation in it and the diaphragm. The coats of the stomach were healthy, except at the cardiac end, where they were softened; in the centre of this softening there was an aperture with irregular edges two inches in breadth, and one in length, corresponding with that of the diaphragm, but not adherent to it. No trace of inflammation or gangrene could be perceived.—*La Clinique.*

## HOTEL-DIEU.

PARALYSIS OF ONE SIDE OF THE FACE,  
CAUSED BY ENCEPHALOID TUMOUR IN  
THE EAR.

B. G., *etat.* 68, admitted on the 5th of April, stated that, during the last thirty years, he had been subject to a continual purulent discharge from the right ear, without any pain; that since the beginning of January, the discharge had become more profuse than ever, and was accompanied by a shooting pain on the right side of the head, which, however, did not prevent him from continuing his occupation as a carpenter. In the middle of February the headache became very severe, and, at the same time, a dark-red tumour began to protrude from the meatus, bleeding on the slightest touch. The application of leeches round the ear, and a blister on the neck, were without effect, and, on the morning of the 15th of February, he awoke with a distortion of the face towards the left side, movement and sensibility being completely lost on the right side of the face; the tongue was not affected, but the right eye could not be closed, and, within a short time, became inflamed. On his admission, he was in the following state: the right ear was red, swelled, and pushed up somewhat higher than the left; the meatus was filled with a fungus of the colour, size, and form of a cherry, extremely painful, and bleeding on the least touch; the discharge which issued from the circumference of the tumour was reddish, thick, very offensive, and left black spots on the linen; below the mastoid process, a hard and very painful swelling was felt; the headache was not so violent as it had been; the right side of the face was completely paralysed with respect to both motion and sensibility; the right eye was constantly open, and was not turned up during sleep. Vision and smell were not impaired on either side; he did not complain much, walked about, and had a good appetite; the ancles were cedematous, the skin yellow, the bowels costive. He was ordered emollient injections into the ear, aperient clysters, and the sulphate of quinine internally. Under this treatment no improvement ensued; the tumour below the mastoid process rapidly increased; the strength of the patient evidently diminished, so that he was scarcely able to leave his bed, and, on the morning of the 2d of May, he was found with all the signs of apoplexy, from which, for a few days, he appeared to be recovering in some degree, but died on the 5th of May. On examination, the tumour below the mastoid process was found

to consist of a congeries of small encephaloid tumours, and to be connected with the fungus of the ear, the internal portion of which was almost entirely destroyed; its place being occupied by purulent encephaloid matter; no trace of the membrana tympani, labyrinth, or ossicula, was left; the petrous portion itself was, for the most part, destroyed, and the dura mater which covered it softened, and surrounded by thick purulent matter, in which the facial and auditory nerves appeared to terminate, so that their further course could not be traced. The parietes of the right lateral ventricle, and the lower portion of the middle lobe were greatly softened, and, on the basis cranii, the substance of the brain was changed into a grayish brown fluid, which communicated by means of a perforation of the cerebral membrane with the encephaloid tumour of the ear.—*La Clinique.*

FATAL RESULT OF M. DUPUYTREN'S OPERATION PERFORMED ACCORDING TO MR. WARDROP'S METHOD.

The patient, with aneurism of the subclavian artery, who was operated upon on the 13th of May by M. Dupuytren, according to Mr. Wardrop's plan of tying the artery on the distal side of the aneurism, died on the eighth day after the operation, in consequence of hæmorrhage. Up to the 17th of May, nothing happened which led to anticipate an unfavourable result; on that day M. Dupuytren found the patient somewhat agitated, the pulse rather full, and the beating of the tumour stronger than hitherto, and accordingly ordered him to be bled. In the course of the day, the dressing of the wound was discovered to be tinged with blood; the patient was bled a second time, and, as the discharge of blood continued, a third time. The following night was passed tranquilly. On the morning of the 18th the dressing was removed, and the wound carefully examined; it had a healthy appearance, but the source of the hæmorrhage, the amount of which was about six ounces daily, could not be discovered; the bottom of the wound was, as it were, tumid, as if the aneurism had become enlarged in this direction. The arteries of the arm were filled with blood, but no pulse could be felt in them; the limb had its usual sensibility and temperature. The patient was ordered to be twice bled, to continue in the use of the acetate of lead, and to keep very quiet. On the 19th, the hæmorrhage still continued; the patient was again bled, and had ice applied to the wound and tumour, but he died on the 20th, apparently from depletion. On examination, the aneurismal tumour was found to extend from the division of the innominate up to the point where the ligature

had been applied, and to contain no coagulum or fibrous struts; its parietes were very thick, and no rupture could be found in them; the nerves of the bronchial plexus were firmly adherent to the sac, the pressure of which against the two first ribs had caused them to be absorbed to a considerable degree. The right brachial artery and carotid were healthy; the innominate was dilated to the usual size of the aorta; the arch and descending portion of the latter vessel were also dilated, and its internal coat intensively inflamed. The heart was twice as large as usual, and flabby; its parietes were very thin. Both pleuras, especially the left, contained a considerable quantity of reddish serum; the lungs were gorged with blood.—*Lancette Française.*

#### ON THE VITAL PRINCIPLE.

By JAMES WOODHAM, Esq., Surgeon.

THE medical profession have generally been considered as not only indifferent to the concerns of religion, but as avowed sceptics or infidels. This opinion, too, has been of late much strengthened by the lectures of an eminent surgeon and anatomist, published a few years ago, but which are now, I believe, consigned to the tomb of all the Capulets. It is, therefore, with much pleasure that I mention the names of Mr. John Thomas, who wrote the excellent paper on "Mind and the Vital Principle," in No. 302 of your Journal; and that of Mr. George Warren, who published not long since "A Dissertation on the Nature and Properties of Living Animals, &c." a work, with some few exceptions, of great merit. These gentlemen, in their writings show, are neither sceptics nor infidels, but believers in Christianity.

With the highest respect, however, for the talents, as well as the Christian principles of Mr. Thomas, I must yet take leave to offer a remark or two on some parts of his paper. That he has completely shown the untenableness of Mr. Dermott's hypothesis, few, I believe, will be disposed to deny, but it is much easier to pull down an edifice, than to erect one that shall be permanent. Look, for instance, at the hypotheses of Boerhaave, of Cullen, of Brown, and of Darwin, where are they now? Gone; and such will, at no distant period be the fate of those of Clatterbuck and Broussais. Mr. Thomas has not, I think, satisfactorily answered his second objection. "Is not," he says, "all animal matter influenced by, and subject to, the same laws; and do not like effects proceed from like causes and if so, can there

be a difference between the vital principle of brutes and that of man, seeing that they, in their operation on matter, produce similar results?" To which he answers, "There can be a difference, and the same effects may be derived from causes the same in some respects, but dissimilar in others. For example, there may be two watches, one of which indicates the hour and minutes, the other, in addition to this, points out the seconds; now the power which moves the hands in both is similar, since they produce the same results, namely, that of telling the hours and minutes; but they differ in this, that the latter watch has a power superior to the former, and can, therefore, produce a different effect." This difference, I conceive, arises solely from some additional wheels and springs, and not from any new power. The watch which indicates the hour and minutes only, has less of machinery than the one that points out the seconds also.

The expression, "And the Lord God breathed into his nostrils the breath of life," cannot be taken in a literal sense. It means, I conceive, that after the Deity had formed man, he imparted to him in addition to *physis*, the vital principle (which is common to man and the brutes, and, I think, identical,) *psyche*, the soul, a spirit; and in this consists the distinction, in my opinion, between mankind and the brute creation. I agree with Mr. Thomas in thinking, that the mortal body never rises again, not on account of the absurdity of the contrary supposition, but because it is unscriptural.\* There are many things which may appear absurd, and which to our finite understandings are mysterious; but if they be well attested, we are bound to believe. Our business is not so much with their explanation as with their authenticity. It has been well and justly said, "It is the business of reason to examine the pretensions of whatever professes itself to be a divine revelation, to scrutinize the evidence, and to distinguish authenticity from forgery, truth from falsehood. But when once the election is made, when once the word of God is ascertained, our duty is belief and acquiescence."

Royal Infirmary for Children,  
July 3, 1849.

\* Ἰδὲ, *μυστήριον τοῦν λόγου. Πάντες μὲν οὐ κοιμηθησόμεθα, πάντες δὲ ἀλλοτρησόμεθα. Ἐν ἑνὶ ῥυθμῷ, ἐν ἑνῇ ὁφθαλμοῦ, ἐν τῇ ἑνὶ ἐκκλησίᾳ, (συνάψῃσι γὰρ) καὶ οἱ νεκροὶ ἐγερθήσονται ἁπόθνητοι, καὶ ἡμεῖς ἀλλοτρησόμεθα. 1 Cor. xv. 51, 52.*

## ERGOT OF RYE IN HÆMORRHIAGE.

To the Editor of THE LANCET.

SIR,—The following case, to which you will probably be so kind as to give insertion in an early Number of your valuable publication, proves more than any I had yet seen, the truly deserving character this medicine has uniformly received from the profession.

Some few days since, I attended a lady in the country in her second confinement. On my arrival, I found the head of the child resting on the perineum, and though the pains recurred at regular intervals, the contraction of the uterus was not sufficient to expel the child for some hours; at length, however, this was effected without any assistance. The child was a remarkably fine one, and, in fifteen minutes after its birth, the placenta was thrown off in the usual way, immediately after which violent flooding commenced. On examining the uterus through the abdominal parietes, it was found but little contracted. I resorted to friction, pressure, the application of cold, &c.; but without avail. Under these circumstances, I introduced my hand carefully within the cavity of the uterus; I found it widely opened, and the blood rushed, as it were, in torrents down my arm. It now struck me, that what I ought previously to have resorted to, might even now be of service, namely, the ergot of rye. I had a drachm with me which I gave to an attendant, directing her immediately to boil it in a small quantity of water. This being done, I gave my patient one half of the liquid, still retaining my hand within the uterus. No alteration having taken place, in ten minutes I gave her the other half of the liquid, and, in a short time, the uterus contracted with such force, as to expel my hand; the hæmorrhage immediately ceased, and the woman is now doing well, though I thought, at the time, the case would have proved fatal.

I think it proper to remark that I had previously giving the ergot during the labour, finding it so lingering, but the woman refused to take any thing.

C. W.

Birmingham, June 30, 1829.

## LITERARY INTELLIGENCE.

Dr. JOHN HENNEN, of the Royal Military Asylum, Southampton, has nearly ready for the press, an unpublished work of the late Dr. Hennen, entitled "Sketches of the Medical Topography of Gibraltar and the Mediterranean Islands at present occupied by the British Forces," which will be pub-

lished as soon as a sufficient number of Subscribers is obtained to defray the expenses. It will be comprised in two octavo volumes. A third edition of Dr. Hennen's Military Surgery is in the press, with a memoir of the author, by Dr. J. Hennen.

## BOOKS RECEIVED FOR REVIEW.

De Lingua Anatomica quedam et Semiologia. Dissertatio inauguralis quam consensu inelyti medicorum ordinis gradu doctoris in med. et phi. AUSTRIÆ ROSSAR FRONTER. BOHME, 1828. Ray. 4to., with eight coloured plates. pp. 94.

Synopsis of Midwifery, showing the Management of Natural and Difficult Labours, their Consequences, and Treatment. By HENRY HENRY GOODRYE and THOMAS EVANS, late pupils to Dr. HOPKINS. Second Edition. London: Whaley.

Observations on the Efficacy of Turpentine in the Venereal and other deep-seated Inflammations of the Eye; with some Remarks on the Influence of that Medicine on the System, with Cases. By HUGH CAMMISDALE, A.B., M.R.C.S.I., and Surgeon to the Dublin Eye Infirmary. Dublin, Hodges. London, Underwood. 8vo. pp. 71.

Anti-Phrenology; or Observations to prove the Fallacy of a Modern Doctrine of the Human Mind, called Phrenology. By JOHN WATTS, M.D. London. Baldwin. 8vo. pp. 87.

The Library of Entertaining Knowledge. Vol. I. Part V. The menageries: quadrupeds, described and drawn from living subjects. London. Knight. pp. 419.

Aphorisms of Hippocrates, in the Original Greek; with an Analytical Translation, on the Hamiltonian System, and a free Version in English. Adapted for Students in Medicine. By J. W. UNDERWOOD. London. Burgess. pp. 48.

The Theory and Practice of Brewing from Malted and Unmalted Corn, and from Potatoes. By JOHN HAY. Illustrated with Plates. London. Simpkin. 1829. 12mo. pp. 104.

An Experimental Inquiry into the Laws which regulate the Phenomena of Organic and Animal Life. By GEORGE CALVERT HOLLIAND, M.D. Bach. of Letters of the Univ. of Paris, &c. Edinburgh, Maclellan and Stewart. London, Simpkin. 1829. 8vo. pp. 468.

ERRATUM:—Line 26, col. 2, page 440, for, a phosphoric air, read atmospheric air.

Dr. BRIDGELL has returned from his Continental tour, and his invaluable Lectures will be resumed next week.

# THE LANCET.

Vol. II.]

LONDON, SATURDAY, JULY 18.

[1828-9.

## LECTURES

ON THE

DISEASES OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

LECTURE XXIX.

*Of Menstruation.*

WOMEN, and women only, during the child-bearing period, are liable to a periodical discharge from the uterus, constituting what is called menstruation. Not to mention the solar month, this discharge may occur every three, four, or five weeks, for the term varies in different women. Periods of three weeks are by no means uncommon—those of five weeks are rarer, but most commonly the catamenia return every four weeks with such exactness, that they commence for years together on the same day of the week, perhaps, too, on the same part of the day. The duration of this discharge is various; it may average about five or six days; sometimes it is of eight, sometimes of ten, and sometimes of three or four days only: now and then there is a day of intermission, when it may cease entirely, afterwards returning and continuing, so as to complete the period. In the quantity of the evacuation there is no small difference. Some women of robust constitution have a more sparing discharge, others of spare and delicate habit often menstruate more copiously; the average measure has been stated (though I have never myself made this the subject of accurate examination) as ranging from six to seven ounces, but whether this be correct or not, I am not prepared to determine. The discharge, though of red colour, does not consist of blood; for though small concretions are now and then observed, yet, in the main, it is not found to coagulate, so as to form clots, or so as to harden the textures which are imbued with it. It some-

times happens, from obstruction of the os uteri or vagina, that the catamenia are retained for months, or even for years, when pinta or quarts may be collected in the uterus; when this is the case, the fluid thickens, and, like treacle, becomes more or less viscous, but it never coagulates like blood; and hence we may venture to infer, that though red, and apparently sanguineous, still this fluid is not truly of the nature of blood. It is, I have said, during the child-bearing period of life only, that the discharge flows, being, therefore, most probably associated, in the way of cause and effect, with aptitude for impregnation; before puberty there is no menstruation, and after a term of some thirty years, when the powers of fecundity are lost, the menses are found to cease more or less suddenly; impregnation, however, may certainly occur, though the catamenia have never appeared. In the warmer climates, the discharge begins very early, because puberty is precocious. At ten years of age, or earlier, impregnation may, I am told, take place; and the great unitarian in theology and consubial pluralist—that vast yet cunning Arabian—the desire of the East, and the detestation of the West—Mohammed, who has been so liberally besainted, bedeviled, and bepraised, according to the humour of his judges, seems not to have deemed it inconsistent with his character in the eyes of his countrymen to marry his favourite Ayesha, when her age did not exceed nine years. In the colder climates, the action of the uterus begins much later; and it is asserted, that in those countries which lie nearest the polar ocean, the menses do not first make their appearance till girls have reached the age of seventeen or eighteen years. In this country, it is usually about the twelfth, thirteenth or fourteenth year, sometimes sooner, and sometimes later, that the catamenia commence; and it is about the forty-fifth year, earlier in some cases, and later in others, that the menstruation ceases. Many females continue to menstruate till they are nearly fifty; in some few, the action ceases before forty. I believe it holds good as a rule, though I have not ascertained this fact myself by any very exact or nu-

merous observations, that the earlier the catamenia commence, the earlier will be their cessation.

The source of this discharge, once so much disputed, seems now to be clearly ascertained; it is not from the vagina, nor from the os uteri, but from the inner membrane lining the uterus, that the flow proceeds. A woman was brought into this hospital, labouring under procidentia of the uterus; when I saw this patient, the womb lay forth, within sight, between the limbs, and the uterine secretion being at the time proceeding, the fluid might be observed to issue from the os uteri, drop by drop. Many years ago, a similar observation was made by the celebrated anatomist Ruysch. Dr. Clarke, too, in his excellent treatise on Diseases of Women, tells us that he once met with a case in which the uterus was inverted, the inner membrane lying under the eye, so that when the womb was in action, he could distinctly see the catamenia oozing from the pores of the membrane; and hence we are enabled, by ocular demonstration, to set at rest the question, whether this discharge issues from the inner membrane of the uterus, or from some other part. But it has been asked further, do the veins menstruate, or the arteries? In considering this question, you ought to recollect, that arteries are vermicular, and that veins are straight in their course. Now it has happened occasionally, that women have died suddenly when in full health, and during the process of menstruation; and Hunter observes, that he once took the uterus of a woman who died in this way under the catamenial action, and that upon laying it open and examining the inner membrane, he found it was moist. Well! Observing this, he was next desirous to ascertain whether the moisture came from the veins or from the arteries, and, therefore, after wiping the uterine surface, he made pressure upon the vessels, respectively distinguishing the veins from the arteries by the vermicularity or straightness of their course. Now when he pressed the vessels, he found the fluid was clearly oozing from orifices communicating with the arteries, whence it is to be inferred, that, as in most other parts of the body, so here, it is by capillary arteries that the secretion is formed.

Menstruation is often preceded or attended by various symptoms of uneasiness in the head, bosom, and the centre of the body; and in some women there is, at this time, a sort of excitation of the whole system, with a disposition to hysteria, all the symptoms becoming mitigated as the discharge proceeds. Why, in different constitutions, menstruation observes different terms,—why it affects the hebdomadal period,—why it more frequently affects the lunar than the solar month, I am unable to

explain. Dr. Mead was, I fancy, disposed to be a little merry, when he gravely ascribed the tides and the catamenia equally to the influences of the moon. If a worthy man says a foolish thing, it is sure to be remembered; and of all the opinions of Dr. Mead there is none, perhaps, which is more frequently cited than this.

When uterine menstruation is suspended, there is sometimes, vicariously, a periodical discharge from other parts; and, to omit other examples, I may observe that, in the hospital over the way, there fell under my own notice a case in which there was every three weeks, for at least three times in succession, a discharge from a sore on the hand in place of a discharge from the uterus, observing the same period, and to which the patient had been previously accustomed. In this case it is remark-worthy that there was, some two or three hours before the commencement of the eruption, a throb in the course of the radial and ulnar arteries. Further, although I am not prepared to assert that, in menstruation of the uterus under procidentia, the organ *always* doubles its size, yet, in one instance, at least, I know that a great increase in the bulk of the uterus occurred, I think I may say, regularly, and the whole womb might be felt to throb; and hence, laying those facts together, we may, I think, venture to infer that whatever may, month by month, be the cause of the topical increase of the vascular action in the menstruating vessels, it is the determination of blood on the uterus, produced by this topical excitement of the vessels that gives rise to the discharge. These excitations and congestions are, perhaps, in nature allied to the congestions and excitations observed in the genitals, the breasts, the nipples, and the appendages to the heads of our domestic fowls; they are, too, perhaps, allied to the estrum of animals: but of this in another place. When women are led, from disease of the pelvis, to examine the uterus, they sometimes imagine that it is larger during the catamenia, or immediately before. Probably their remark is correct. During the action of the uterus, and just before it, the bosom often swells, and becomes more tender and firm.

Although during the child bearing period of life women menstruate, I have observed to you already, that this action is entirely arrested during pregnancy and suckling, there being, however, exceptions to the general rule. Some women menstruate during the first months of gestation, nay, *perhaps* in some rare instances throughout the whole process; in most cases, however, it ceases, and also ceases during suckling, though, in the latter process, it is not infrequently renewed at the end of ten or twelve months, although the suckling be

continued still; and hence we must not hastily conclude that a woman is not pregnant, merely because she menstruates, for although doubts may be raised respecting the continuance of the catamenia during the whole term of gestation, yet I have repeatedly met with cases of pregnancy, in which the catamenia have continued to flow during the first two or three months; indeed this, notwithstanding Denman's assertion to the contrary, may, I think, be looked upon as by no means very uncommon.

#### *Of some of the Diseases of Menstruation.*

It sometimes happens that the catamenia fail to flow at the age of puberty, in consequence of organic obstruction of the vagina, or deficiency of the womb, or a want of the ovaries. For women to be formed without ovaries, is an occurrence uncommon indeed, yet sometimes observed, the ovaries either not existing at all, or consisting of mere vestiges. When the ovaries are thus wanting, or merely vestigiform, the uterus, sympathizing with this defect, is perhaps generally of small size, thin, and sparingly supplied with blood-vessels, and of consequence but little prepared to act.—When, too, the ovaries are wanting, it is remarkable that in some cases, at least, the genital and the general system do not undergo the usual womanly changes; the breasts are not developed, the pelvis does not spread, the external genitals are not enlarged, and the sexual appetites are not acquired; in a word, the patient throughout life, whether at 20 or 40, whether sexagenarian or octogenarian, seems to remain a mere girl still. From these indications, you may pretty certainly infer that the ovaries are wanting, and the deficiency of the catamenia in these cases may be looked upon as incurable.

Again: it sometimes happens, that women are formed destitute of the uterus, or which in more frequently the case, they have possessed it originally, but it has been removed by ligature or otherwise. Four cases of this kind I mentioned to you in a former lecture, Mr. Newnham's, Mr. Windsor's, Mr. Chevalier's, and one of my own, in all which the womb, being in a state of chronic inversion, was removed by ligature. If the uterus is in this manner thoroughly extirpated, the catamenia are not to be expected, except, perhaps, a little show, the vagina menstruating *vicariously*, as it is called, taking upon itself the office of the uterus. My own patient, who recovered thoroughly, remained (as I learnt from a near relative) free from the catamenia for two or three years at least, since which no report of her condition is come into my hands. Mr. Newnham's patient had no catamenial discharge

for a length of time, (I believe I may say four or five years, but I am speaking from recollection,) and after this term, if there was any appearance, it was slight. The patient of Mr. Windsor also ceased to menstruate after the uterus was taken away, at least for a time, and therefore it seems that the deficiency of the uterus, whether by operation or originally, may occasion a cessation of the menstrual discharge. It deserves remark, however, that when the womb is removed, and the catamenia cease to flow, there may be a determination of the blood to other parts, more especially if the habit be in full health in other particulars. In my own patient, there was a determination of the blood to the head, so that cupping was necessary; I should add, however, that the symptoms were not so violent as we sometimes find them in women, whose structure is complete, and in whom the cessation has been produced by other causes. The patient of Mr. Newnham became plump after the operation. The removal of the uterus does not extinguish desire.

The catamenia may fail to make their appearance in consequence of another organic affection, and that is an obstruction of the orifice of the vagina itself, or of the os uteri. Now when in this manner the parts are perfectly well formed, excepting that the hymen is impervious, all the other structures develop themselves at the age of puberty, but still there is no red discharge from the genitals, and the patient is supposed at first to labour under chlorosis of the ordinary kind. In this state of things, if the catamenia are secreted, in the course of some two or three years after puberty, the abdomen begins to enlarge; and when the character of the girl and the history of the case are not sufficiently known, perhaps the patient is supposed to be pregnant, a mistake the more easily committed in the advanced stages of the disease, because the uterus becomes larger and larger every month, until, at length, it acquires the bulk of a nine months' pregnancy. The disease still continuing, it reaches at length its third stage, and then pains are felt like those of parturition, and perhaps the obstetrician (I use the commodious and not inelegant appellation first proposed by Dr. Ryan) is sent for in all haste; and when he makes an examination, he feels something very similar to the membranes charged with the liquor amnii; and perhaps he fancies that he perceives something like the head of the foetus, and he tells the lady that she is going to have a boy; and really the mistake, though ludicrous, is by no means unpardonable, for the resemblance to the membranes as observed in ordinary labour is very close, and might deceive an experienced obstetrician, provided an examination were carelessly made.

After all, however, this rounded substance, and which resembles the sac containing the liquor, is, in truth, nothing more than an imperforate hymen, dilated in consequence of the accumulation of the catamenia within, and forcing through the external parts much in the same way as the water cyst during parturition. There are then three different states of the body with which the retention of the catamenia, from obstruction, may be connected, namely, chlorosis, pregnancy, and parturition, the disease, notwithstanding, being none of the three, but merely an accumulation of the catamenia, occasioned by the imperforate state of the hymen, perhaps the most common cause of these symptoms, or else arising from the closure of parts above, as the vagina for example, or the os uteri.

When the disease arises from an imperforate hymen, it may, at any time, be cured with facility. The hymen is laid open with a scalpel—a crucial or stellated incision is to be preferred, for the opening should be free; and during the healing process, care must be taken to prevent the entrance of the vagina from so far closing, as to become unfitted for sexual intercourse. When the hymen is divided at a time when the patient has uterine pains, the catamenia are expelled something like the liquor amni in labour, but if the catamenia are thickened by absorption, so as to resemble treacle, they are apt to be in part retained, and may become putrescent, when it may be necessary not only to cut through the hymen but to inject warm water with a long tube syringe into the cavity of the womb itself, so as to purify it by rinsing. There is one other remark which I will offer on this part of the case, not without its importance: it seems that where the puerperal fever is epidemic, women in whom the hymen has been divided in this manner are liable to inflammation of the peritoneum afterwards, in the same way as they are liable to similar inflammation after they have been recently delivered. Cases of this kind—two in number, if my memory serve, have been mentioned by Denman, and a few years ago at the London Hospital, a case occurred, for a reference to which I was indebted to Mr. Mitchell of Kennington, in this case the obstruction was divided, and the accumulation of the catamenia amounted to two galls or more, inflammation of the peritoneum ensued, but the patient was saved by vigorous antiphlogistic remedies. Now as this is the case, if I had a patient under my care, I should dissuade her from submitting to the operation, till the epidemic predisposition to puerperal fever was subsided, even though she waited for three or four years; for without pretending to assert that abdominal inflammation from this cause is equally dangerous with the genuine fever or

puerperal women, I think it not impossible that it might cost her her life. Why the discharge of the accumulated catamenia should, like parturition, give rise to peritonitis, I do not pretend to explain, but the fact is curious. Is there any analogy between the lochia and the catamenia, and is this the cause of these similar effects? Perhaps some great pathological truth lies concealed here.

When the orifice of the vagina is open, the parts may be impervious above; and this I suspect in two ways, for the closure may be confined to a certain spot only, the mouth or neck of the uterus, for example, or the middle of the vagina; or, on the other hand, throughout their whole extent, the sides of the uterine cavity, and of the vagina, may mutually cohere. Of these closures some may, perhaps, have existed from the birth; but others, indeed, I may say most, are the results of inflammation or slough of the inner membrane, and though these inflammations may occur even in virgins, yet the most common cause of the disease is a more or less laborious parturition. When the closure above is not partial, but reaches then throughout the whole extent of the genital, the case scarcely admits of remedy, nor indeed will the catamenia form; but when the obstruction is confined to a particular spot of the genital cavity, the catamenia may form and accumulate, and the history and the treatment of the case will be found to be, on the whole, very similar to that of the imperforate hymen. As, however, in a case of this kind, it is not so easy to enter the cavity above, as in those cases in which the hymen alone is thickened and imperforate, I should dissuade the operator from being in too much haste to take up the scalpel. If he wisely wait, so as to allow of an accumulation of the catamenia, and a dilatation of the womb and vagina above—provided he possess a moderate share of dexterity, he will find his operations easy; but if he attempt to lay open the parts when the accumulation is small, it may be no easy task to enter exactly the upper cavity, and the knife may accidentally penetrate into the bladder, the rectum, or into parts that are interposed. In those cases too where the parts are impervious, there is yet a further advantage in waiting. If the cavity is closed throughout its whole extent, there seems to be but little effective use in our attempt to cut down upon it—or if the parts above should be wanting, and more especially the uterus, why should we try the scalpel? Hence the need of being able to decide these important points. Now if we operate too soon, the diagnosis may be difficult; but if we wait, so as to give full time for the accumulation of the catamenia, say to the amount of one or two pints, the presence of this fluid

in the uterine cavity above will at once demonstrate the existence of the womb and ovaries, and the absence of any general and diffused cohesion of the parts. But how are we to discover the catamenial accumulation? By examination? The task is easy to those who possess the requisite tact.

Further: when the genitals are impervious above, provided the obstruction result from inflammation, suppuration or slough in consequence of delivery, or other cause, the probability is that the obstruction constitutes the whole of the disease; but if the obstruction have existed from the birth, the possible co-existence of some other affection is not to be forgotten; indeed, in some of these cases, as observed already, the womb or ovaries may be wanting; and I recollect one case which ultimately came into our hospitals, where tubercular dropsy of the ovaries was associated with the disease. Careful examination must determine these points. Diagnosis becomes more necessary, if the disease have not been produced by laborious parturition. And thus much then respecting those failures of the flow of the catamenia, which are to be ascribed to organic defect—to a want either of the womb, uterus, or the ovaries—or to an obstruction of the parts below the body of the womb.

## BRANDE'S QUARTERLY JOURNAL.

July, 1829.

It would have afforded us pleasure to have seen a sketch of the life of DAVY in the present Number of the *Quarterly Journal*. Such a paper would have been both in character with the objects of Mr. Brande's work, and highly interesting to its readers. The talented editor can be at no loss where to place his hand for the materials necessary to an appropriate memoir of this illustrious philosopher, the details of which needed by no means to have been elaborate, and Mr. Brande is of all men in a situation to form a just estimate of the eminent individual whose coadjutor he has for so many years been. The character and acquirements of Davy are not so extensively known that such a piece of biography would have been superfluous, nor is there much reason to hope, that the full measure of justice which men of his stamp ultimately obtain at the hands of such friends as they leave behind them, will be very speedily done him. Some short and authentic account then of his life, of the state of chemical science at the commencement of his career, of the condition in which he left it, of the contributions he made to it, of the prospects which his discoveries have opened, and

of the great mental qualities by which he took so high a station amongst modern philosophers, would have formed that, which the biography of great men always forms,—a deeply-interesting, useful, and exciting memorial to those who remain behind, whether following in the same steps, or watching the progress of others.

On a review of the whole contents of the Number, we may say that it contains no very important contribution to our stock of knowledge; the majority of the papers, however, are on subjects of interest, and will each of them be read with pleasure. We are compelled to sly the majority, where, were it not for our factious friend Mr. WADD, we should say, the whole; but twenty pages of such unparalleled nonsense as this unfortunate humorist has put together, were surely never before seen. Let us hope that the term of his engagement is nearly out; if it be not, his fun will expire beforehand. Can he really turn his facetiousness and research to no better account? Here is an exquisite piece of cradle criticism, under the head of "*Notes on Medical Music*."

"Lullaby is supposed a contraction for *lull-a-baby*. The Welsh are celebrated for their lullaby songs, and a good Welsh nurse, with a pleasing voice, has been sometimes found more soporific in the nursery than the midwife's anodyne. The contrary effect of Swift's song, 'Here we go up, up, up,' and the smile-provoking melody of 'Hey diddle, diddle,' *cum multis aliis*, are too well known to be enumerated or disputed. 'The good nurse' gives us a chapter on the advantage of employing music in certain stages of protracted illness."—A quarto volume of notes on "The Death of Cock Robin," or "London Bridge," is the least that may be expected from Mr. Wadd, whenever he takes those pretty songs in hand.

After a summary notice of the various papers, with a view to extracting the information they contain, we are disposed to begin with the first, a communication from Dr. MAC CULLOCH, on the "*Naturalisation of plants in colder climates*," that is to say, in climates which are colder than those in which the plants are originally found, the plants of Italy or India, for instance, in England. A subject possessing a more decided interest than this for individuals of all classes, high or low, deeply scientific or happily ignorant, it would be hardly possible to discuss, if it but hold out reasonable encouragement to pursue it. Could we transplant the luxuries of the East to our own soils, could we pluck the pine-apple in the open air, or squeeze the produce of the vine into our own cups, or breathe the fragrance of the paradisaical flowers which now grow only in balmy

Arabia and gorgeous India—science would have compassed nature indeed. In assuming the possibility of such a power, we see, at a glance, “the enormous revolution it would occasion in the present distribution of the gifts of the soil, and the extensive and valuable consequences that would result from it.”

“Yet this question,” says Dr. Mac Culloch, “practical as it is interesting, and a source even of entertainment, in whatever way it is finally decided, has scarcely received the slightest attention; it may almost be said it has received none, compared to its importance. That, also, its development must be a work of time, and may demand the continued trials of perhaps more than one generation of man, is an additional reason with me for urging it on the public attention, even though that which I have to offer on the subject is extremely slender. But this paper is not meant as a contribution; it is intended merely as a stimulus to inquiry, and should it produce this effect, its end will be answered.”

There is one fact connected with vegetation which has been much neglected, but which forms an important feature in its history. A great number of plants exist which are capable of thriving in a variety of climates. Such are the vine and wheat. The chance then is that a still greater number may be brought to adapt themselves to cold or warm regions in like manner. Two plants will grow side by side under a tropical sun, one of which will bear transplanting to the north, while the other will not. They are both natives of the same soil. Nothing but the most decided and well conducted experiments should satisfy the naturalist that they cannot equally become neighbours in a harder climate. “There is no gardener,” says Dr. Mac Culloch, by way of persuasion to the horticulturist who would reject, off-hand, the hope of effecting any such change,—“who does not know how many plants he has turned from the store into the green-house; how many from the green-house into the garden or shrubbery; within these twenty, ten, five years; how many, indeed, are almost annually undergoing this migration, including plants of which, before those trials, he would not have believed in the hardiness. And yet the same fears or hesitation continue, while, perhaps, not a year passes in which many are not added to those which have undergone this change, a change no less agreeable to us than productive of unforeseen vigour and luxuriance in the plants themselves. I cannot, for one, forget, that when first I knew Scotland, there was not a plant but the most rude and hardy attempted to be cultivated, or even placed for a summer in the open ground; that I first

pointed out myself those tenderer plants which I believed capable of enduring that climate out of doors, and that, I now see every where flourishing in the borders the most luxuriant plants of heliotrope, fuchsia, verbenas triphylla, geraniums, and numerous others, replacing the wretched, starved specimens formerly nursed with the greatest anxiety in green-houses.”

In fact, “we do not,” he adds, “yet know what plants, out of the hotter climates of the whole world, will bear our climate, and it is certain, that without trial we never shall know.” Nor do we yet know why they refuse to live in a rougher atmosphere. The conclusion that the cause is, alone, too low a temperature, is but a surmise; it has been put to no unquestionable proof. The effects of soil, moisture, light, winds, situation, watering, each demands a much more patient investigation than up to the present day has been bestowed upon them.

It must be sufficient for us, however, to state the object to which Dr. Mac Culloch wishes to direct general attention, and in the pursuit of which there are few persons who cannot assist. It is not every one, perhaps, who is possessed of an experimental garden, but there is no man who cannot have his experimental flower-pot, and few who have not the leisure to attend to it. The tree will grow while the gardener is asleep. “To command flowers in greater variety and beauty,” says the writer, “in greater luxuriance and profusion; to render the more rare as common as the more vulgar, and at a less expense, is a worthy object of horticultural science. To augment the variety and beauty of our shrubberies is a worthy object; and he who compares a shrubbery of 1704, of almost a century later I might say, with the shrubbery of the present day, will not forget that all this has arisen from exertions even perhaps greater in their way than what are here pointed out. Have we not also neglected our woods and plantations? Have we, at the same time, naturalised and rendered common ten, nay five, forest trees since the time of the Romans? We surely cannot have arrived at our limits, either in power or utility, among the almost innumerable trees of the world. Of the vine, in another department, I have already spoken; and here, surely, not only is the temptation great, but there is a prospect of success, for the fact is ascertained. No rational economist will desire to see the vine become an object of actual rural economy; but passing by this, much pleasure, and even profit, might be derived from such improvement in that plant as would admit of its use in the manufacture of native wines, did they but replace the endless nauseous compounds under this name, made from fruits that never furnished wine, and never

will. The potato also, that I may end these slight remarks, is still a tender plant; a melancholy fact, far too well known in Scotland, however little English cultivators may be aware of it. If we have produced some hardier varieties of certain fruits by care and cultivation; if we have a Juneating apple as well as a russet, a summer as a winter pear, who shall say that an assiduous cultivation of the potato may not hereafter produce a variety that will ripen its roots in August instead of October—ripen them before a Scottish winter arrives to destroy the only dependence of the starving occupants of five rocky Highland acres."

As to the "exertions what are here pointed out," as Dr. Mac Culloch says, we do not attempt to give them. Though the purpose of his paper is good, the arguments which he uses are conducted in a way not very intelligible to the reader, whose time will not allow of his perusing them more than twice; and the style which he adopts is so very obscure, that we can make little of them. Indeed, there are few or no hints, of which much advantage can be taken. The experimentalist must depend on his own judgment, and shape out his own course. We think, too, there is hardly any occasion for the adoption of so extremely difficult a tone as that in which the worthy philosopher writes. The subject is either worth treating with a much greater degree of confidence, or it is not worth treating at all. So timid a general must hardly expect to lead the arms of science far into a country as yet so unsubdued as this.

Under the head of "Proceedings of the Royal Institution," at page 336, will be found some remarks, taken from a "discourse" of Mr. G. T. Burnett, which form an agreeable appendix to the paper of Dr. Mac Culloch; the subject, "*vegetable metamorphosis*." On the occasion of the delivery of the discourse, "many instances were given of the acclimation of plants, and specimens exhibited of plants, which having migrated from various countries, had become naturalised in very different latitudes. To such changes, it would seem, we owe the chief of our vegetables, fruits, and flowers." Of the alterations which cultivation would produce in plants, many instances were shown. The leaves of the horse-chestnut tree will measure more than twenty-two inches across; those of the poinsettia anserina upwards of two feet in length. Florin grass, from three inches, will reach to seven feet. Meadow clover from ten inches to fifty. "Who, in the wretched sloe, would recognise the parent of our most luscious plums? or think our most luxuriant apples the offspring of the austere and verjuice crab? Who, in the almond's rough and leathery coat, would discern the rudiments of the luscious peach?"

or, in the thin dark-green and very sordid apium graveolens, would know the common celery, when, by cultivation, the leaf-stalks have grown upwards of five feet in length, and two inches in diameter. Petioles of shubarb have been cut nearly three feet long by six inches in circumference. The wild cabbage will weigh, leaves, flowers, and all, not quite an ounce. The blossoms alone of its offspring, the cauliflower, will weigh several pounds, and a cabbage may arrive at sixty pounds. The asparagus, sea-calc, parsnip, carrot, and potato, have undergone equally extraordinary revolutions. Indeed, the dominion which man possesses over the fruits of the field, seems to be without limit; and so great has it been in some respects, that, with some latitude of expression, many of them may be said to have been made by man."

Making a selection of the subjects, the following may be placed under one head. We cull from all parts of the Journal.—"*Detection of potato starch in wheat flour.*" M. Chevalier says, that when flour, adulterated with potato starch, is sprinkled upon black paper, and examined by a powerful lens, or microscope, the starch may be detected by the brilliancy of its grains.—On this subject M. Henri observes, he has tried many varieties of flour in this way. It was easy to see certain crystalline points, but the proportions could not be told. The quantity of gluten was, therefore, separated and compared with that in an unadulterated flour. The result was only six and a half per cent. in the former, while the latter contained ten and a quarter. In passing, we may observe, that potatoes or beans are probably by far the most common substances with which flour is adulterated in this country. At the time the outcry was raised in the public prints, which, however, can never be too watchful over the purity of this important article of food, on the subject of the admixture of powdered granite with flour, five suspected specimens of flour were sent to the assiduous chemist, from separate families in London, to be tested, in not one of which could any substance that was not pure, be discovered.

*Test for vegetable and animal matter.*—The nitrate of silver is the test which Dr. Davy thinks to be one of the best for detecting the presence of organic matter in solution. A pure solution of this salt is not altered by the sun's rays, but if the minutest quantity of vegetable or animal substance be dissolved in the water, the solution in the sun's rays will be discoloured.

Microscopic observations are being carried to a great extent, and they disclose extraordinary facts. M. Guibort has applied his lens to the grains of starch, and has published some curious results on those of

corn, arrow-root, cassava, tapioca, and sago. They are not condensable to our pages. The microscope has already shown, that starch is not a homogeneous body, but that each grain is a distinct vegetable organ, composed of an insoluble skin and an internal liquid substance.

As a proof that neither apple trees nor hens are redundant in this country, we may note that fourteen thousand bushels of apples and sixty-three millions of eggs were imported from France into England in 1827.

God did not make the food things of this world for fools alone, said a philosopher to one who twitted him with inconsistency on his loving a good table. Cordially agreeing in this sentiment, we make no hesitation in extracting a few scraps for our medical friends (all philosophers) in the country—

*“Enlargement of Artichokes.”*—An effectual means of increasing the size of artichokes is to split the stem into four at the base of the receptacle, and introduce two small sticks in the form of a cross. This operation has long been practised in the south of France, and for some years past in the neighbourhood of Brussels. It should not be carried into effect until the stem has attained the height it ought to have.

*“On the Preservation of Potatoes.”*—Potatoes, at the depth of one foot in the ground, produce shoots near the end of spring, at the depth of two feet they appear in the middle of summer, at three feet of depth they are very short, and never come to the surface, and between three and five feet they cease to vegetate. In consequence of observing these effects, several parcels of potatoes were buried in a garden at the depth of three feet and a half, and were not removed until after intervals of one and two years. They were then found without any appearance of germination, and possessing their original freshness, firmness, goodness, and taste.

Is it the weight of earth, diminished heat, light, or moisture, that occasions the result at the depth of three feet? The fact is a very curious one.

At the close of the “Intelligence,” is some account related by a French naturalist, of a *vegetable fungus taken from the stomach of a cod*, by which it appears, that the plants of the fungus kind will spring from seed, and grow in the stomach of fish, despite the digestive or any other action of the animal. The plants were attached to pebbles, which were adhering to the substance of the stomach.

In a second communication to the editor, Dr. Mac Culloch, speaking of essential oils, his observations on which are worth notice, observes, with regard to the *ottar of rose*, “In some specimens of the ottar of rose which I know to be at least thirty years old,

the whole has become a nearly solid mass, from the formation of this substance. By extracting from it such of the liquid oil as remained, it did not even divide into parts, but remained a somewhat porous yet continuous substance. But as to this particular essential oil, there is an observation of some practical value that deserves record. The spermaceti (since I do not choose to coin a name) is inodorous, and it appears that during this change, the odiferous principle, be that what it may, is destroyed. This is proved by these specimens, for I did not procure from a drachm of this ancient oil more of the odouriferous, alcoholic solution, called essence of rose, than a few grains of the fresh and liquid oil would have yielded. And I conceive, that in perhaps as many more years, or less, the whole of the odorous would have disappeared. This fact may prove of use to possessors as well as to purchasers, since the former ought not to keep this oil long as is commonly done, nor the latter to purchase, if they have a choice, that which is concreted.”

Some farther observations of this gentleman are on the subject of the production of *indigo* from lichens, to which he wishes to direct the attention of chemists and the obtaining a *black dye* from the berry of the Portugal laurel, or the black currant, the process being extremely simple. The former is the best tint, is very pure and brilliant, and will not redden by acids.

As to the black currant, the produce on any given piece of land is considerable, and there are collateral purposes in this fruit which might render it easier to cultivate it to a profit for the sake of the skins in dyeing. The fruit might first yield marketable jelly, by the usual process, or might even be made into some sort of wine, while the marc, in either case, would be the dyer's material.”

Mr. C. H. WYERSON, in the next paper, writes with a degree of ease and a freshness of manner on the subject of the manufacture of indigo, which will render his paper extremely agreeable to those, who are practically interested in pursuits connected with this important article of commerce. To such we refer the whole of it, to them it will be more german than it is to us.

We cannot review reviews, and therefore pass over a notice of a work on *medical statistics* by a Dr. HAWKINS in the course of glancing across which, we observe (p. 211) that the medical gentlemen of St. George's, consulted the tomb almost two patients for one of the other London hospitals. If our readers, however, should be anxious to form some estimate of the qualifications of the author in question to write on a subject with, of all others, equanimity, accurate knowledge, and great mental powers, they have

the opportunity of doing so in the following passage. The reviewer writes,—“It has been uniformly found, that improvements in the public health are attended by a *diminution* of marriages and births. The great principle is—as the number of men cannot exceed their means of subsistence, if men live longer, a less number is born, and the human race is maintained at its due complement with fewer deaths and fewer births, a contingency favourable in every respect to happiness. The author illustrates this very important principle by the population returns both of England and France.”

“Great principle,” indeed! “important principle.” It is hard to tell which is the greatest; the illustrator, or the principle illustrated. Suppose the state of health of any nation of people to be at very low ebb. Is there a man who will dispute, that the energies of this people must be at low ebb also, and their power of obtaining subsistence proportionably low also? Here, then, is a check upon marriage; for, with poor means of subsistence, and no prospect of increase, the people will hesitate to encumber themselves with families, and the births will be very few. This is the point from which Dr. Hawkins acts out. The public health improves: the spirit and powers of men increase. Food (it is impossible to dispute the position) materially increases also. The people are better fitted for the natural conditions of life, of which marriage is one. With increased comforts and means of subsistence, marriage is oftener resorted to, and births multiply in proportion. Increased health lengthens the lives of the parents, and their powers of maintaining themselves at a much later period of life, are improved. The young to whom they have given birth, instead of having the maintenance of middle-aged sick parents to attend to, and to fetter their own marriages, have no care but for themselves, and accordingly marry, as did their fathers. A continuation of the public health, and increased population, still enlarge the means of subsistence, and thus does a hearty and happy nation spread the tide of life to a degree almost indefinite. But, according to this penetrating author, the health that lengthens the lives of the aged, checks the increase of the young, and preserves that “due complement,” of “few deaths and few births,” which is a contingency “favourable in every respect to happiness.” Though these are the words of the reviewer, it is sufficient to know, that they are also the precise sentiments of this acute medical acutary; that “long lives,” “rare births,” and “due complements,” are the *great principle* of the exquisite author himself. When Dr. Hawkins knows a little more of the true principles of political economy, or

medical statistics, he will learn, that the due complement of increased means of subsistence is increased population, and he will have learned, from whatever authority they are borrowed, that his great principles are most uncommonly absurd ones.

Article 4 we recommend to the perusal of our old friends with the leathern wings. *Bats and their allies*, by Mr. BURNETT. We can speak well of Mr. Burnett as a philosophical writer, though he has an occasional affectation for “baths” and “doths,” and new words. In those days, when “all beasts formed a single genus, all birds another, all fish a third,” and so on, bats were taken to be birds,—and crows, larks, sparrows, bats, partridges, quails, and ostriches, were mentioned in one breath. We shall do the zoologist no service by presenting him with a portion only of the arguments on which Mr. Burnett contends for “his bostim” ranking in their proper station, and for more than this we could not find space. Naturalists assuredly do not simplify nature by their discoveries. Since the days of Linnaeus, in whose time only six species of bats were known, the table of these animals has much increased, both in dignity and importance, for “modern researches have added so greatly to their variety and number, that the single genus *vespertilio* hath become the common type of several; about forty being already known, and nearly one hundred and fifty species described.” “Our knowledge of these animals is still imperfect.”

While on the subject of animals, we extract the following, which we observe is taken from the *Mug*, of Oct. 11st.

“*Stinging of a Gnat*.—On the 25th of October last, and about two o’clock in the day, a gnat (*Culex pipiens*) alighted on my fore-finger. I held my hand still, and observed it. It immediately applied its proboscis to the skin, at the same time moving its antennae and hind legs slowly up and down, which it continued to do for a few seconds; when it became apparently motionless, resting on its four front legs, with its hind ones stretched out in a line with its abdomen. I now felt a slight sensation where the proboscis was inserted, but so faint, that, had not my attention been directed to it, I probably should not have noticed it, and thus I only felt for a second or two. The abdomen now began to swell gradually, the influx of the blood being clearly visible through its semitransparent skin, at the same time a clear watery fluid began to exude from the anus, forming a round globule. It had a curious appearance to see blood flowing in at one end, and water out at the other; the drop fell, and another formed, the abdomen all the time getting larger and larger, and redder and redder,

until the second drop fell. The abdomen had now attained full three times its natural size, with a deep blood red hue, when, to my great vexation, the door opened, and away flew my little toper, without appearing the least encumbered with its bloody cargo. I must further observe, the insect was altogether about one minute on my finger; that no part of the outer sheath of its proboscis was inserted beneath the skin, that I did not receive any warning of its intentions from its pipes. There was not the slightest pain, inflammation, or mark of any kind left that was perceptible.

The following is also from the same source —

"*The Great American Bittern.*—I was much interested with an account I heard the other day of a bird, a species of heron I believe called by Wilson, in his Ornithology, the Great American Bittern. But, what is very extraordinary, he omits to mention a most interesting and remarkable circumstance attending it, which is, that it has the power of emitting a light from its breast equal to the light of a common torch, which illuminates the water, so as to enable it to discover its prey. As this circumstance is not mentioned by any of the naturalists that I have ever read, I had difficulty in believing the fact, and took some trouble to ascertain the truth, which has been confirmed to me by several gentlemen of undoubted veracity, and especially by Mr. Franklin Peale, the proprietor of the Philadelphia Museum. (Letter from Philadelphia, Oct 11, 1878)"

"*Zoological Weather Glass.*—At Schwitzingen, in the post house, we witnessed an amusing application of zoological knowledge, for the purpose of prognosticating the weather. Two frogs, of the species *Rana arborea*, are kept in a glass jar about eighteen inches in height and six inches in diameter, with the depth of three or four inches of water at the bottom, and a small ladder reaching to the top of the jar. On the approach of dry weather the frogs mount the ladder, but when wet weather is expected they descend into the water. These animals are of a bright green, and in their wild state here climb the trees in search of insects, and make a peculiar singing noise before rain. In the jar they eat no other food than now and then a fly, one of which we are assured, would serve a toad in a week, though it will eat from six to twelve in a day if it can get them."

Mr. J. CHUBBUT, the maker, speaks well of Professor AMICI'S reflecting microscope, in the course of an ample description of it. He makes the following observations on test objects —

"The most delicate test objects are the lines on the feathers of butterflies' or moths'

wings, of which there are many gradations; some easily demonstrated, and others more difficult to be seen, and then only with the most powerful reflectors, and seen to the best advantage by the simple and undensified light of the lamp. The light must be so arranged, that the rays will pass through them in an oblique direction, also the position of the object must be attended to, for in some positions not a line will be seen, when a little variation of the light may render them perfectly distinct. The hair of a mouse is a very good test object. It is best seen by daylight, the most difficult parts of which are longitudinal lines in the transparent part of the hair, which require high powers. The hair of the bat and seal are also fine tests. The lines on the scales of the diamond beetle, &c. are excellent opaque proof objects. The feet of flies are likewise very good."

A civil engineer steps in at page 277, to settle the differences between Mr. IVORY and Mr. MAZAR, to which we formerly alluded, on the subject of the extrication of heat in the condensation of air. The question is too algebraic for our pages, but the civil engineer thus speaketh, after deciding against Mr. IVORY —

"Although I can by no means agree with Mr. Menkle in conceiving that Mr. Ivory has written his papers on this subject in such a manner as intentionally to bewilder his readers, nor can I, on the other hand, consider the former gentleman in the light of a juggler with his cups and balls making a sport of science at the expense of his opponent, yet I certainly think it a matter of regret, that a man of Mr. Ivory's acknowledged reputation should continue to persevere in the assertion of doctrines so utterly untenable, instead of candidly confessing what the tribunal of the public must eventually condemn. The present case, however, is not a solitary instance of an eminent mathematician being found out committing palpable errors in reasoning on physical subjects. Among others the great John Bernoulli, though possessed of penetration and sagacity almost superhuman, into what inconsistent absurdities was he not sometimes led in the investigation of physical problems!"

We have not quite concluded with the Journal, but shall return to it next week.

#### VETERINARY PROFESSION.

On Wednesday evening, July the 8th, a General Meeting of gentlemen belonging to the above profession was held in the Freemasons' Tavern, for the purpose of considering the communications which had been

made by the Governors and Medical Examining Committee, respecting the examination of Veterinary Students, and also for the purpose of adopting such measures as might be deemed expedient for the benefit of the veterinary profession in general.

On the motion of Mr. CHERRY—

Mr. FENWICK was unanimously called to the chair.

The CHAIRMAN briefly stated the objects of the meeting, premising, that he had only come to the meeting with the intention of being a listener. Since he had been called to the chair, however, he would endeavour to acquit himself to the satisfaction of those around him; and he, in return, begged that gentlemen, in the course of their speeches, would keep to the question, and avoid every thing that had a personal tendency.—(Applause.)

Mr. CHERRY rose, and said, that he was of opinion the best thing to be done would be to read the memorial addressed by the profession to the governors, and the correspondence arising therefrom, as by that means every one would be put in full possession of the facts and bearings of the case.

The authenticity of these documents (copies of which were published in *The Furrier and Naturalist*) having been agreed to, they were read accordingly. They went to show that a system of exclusion was acted upon at the College, by which the veterinary practitioner was totally deprived of power in its management, and craved the concurrence of the Governors and Medical Examining Committee to allow of another committee being formed, to consist of six veterinary surgeons, for the purpose of examining veterinary students as to their fitness to become practitioners. The memorial also embraced some other important points. To this application, in May last, an answer was returned, dated from the Royal Veterinary College, in which the writer, Mr. Edward Coleman, states, that although the measure of the veterinary surgeons had been recommended to the medical committee of the College, yet the memorial had not been favourably received, and that a meeting of governors had passed a direct negative to the prayer of the memorial.

Mr. COLEMAN rose, after the report had been read, and laboured to vindicate himself before the insulted and incensed profession, from the direct charges which had been published against him, touching his duplicity in the character of a proffered mediator between them and the Directors of this Institution. He hoped every person present was satisfied that he had done his duty. He was convinced that to agitate the question further at present would not, by any means, promote the interests of the profession.—

(Hear, hear, from one or two persons.) The memorial which had been presented, so far from securing a benefit to the pupil and the profession, enforced, in his opinion, a penalty, inasmuch as it inflicted two examinations—one by the medical committee, and the other by the veterinary. Mr. Coleman then went into details relative to the examination of pupils, and concluded a lengthened justification of his conduct, in which even his ingenious sophistry failed for once to satisfy his hearers, by *disclaiming any wish to possess a monopoly at the College*, and confessed his willingness to again co-operate with the profession generally for its benefit. But as this speech was not received with that applause which his professions of assistance have usually elicited, and as the meeting showed no intention of making him their advocate again, Mr. Coleman thought fit to retire, though requested to remain, in order that he might have an opportunity of answering such charges as, in the course of debate, might be brought against him.—However, he thought proper to retire!

Mr. CHERRY stated, that nothing which had just fallen from Mr. Coleman had direct reference to the point at issue, and proceeded to lay down the complaints of the profession, and condemn the College system. Lectures, he said, were given, for the admission to which, twenty guineas were paid; it was no doubt a permanent fee; but it was a notorious fact, that gentlemen rarely attended more than one course. Moreover, there were no "demonstrations." He begged pardon, he had just heard that Mr. Swell, of the College, had given one that day; but it only lasted ten minutes.—(Great laughter.) He should move, as a resolution, "That this meeting receive, with regret and disappointment, the communications which have just been read."

The CHAIRMAN, in putting the resolution, said, he was sorry that such a painful duty fell to his hands.

The resolution having been seconded, was put and carried unanimously.

Mr. CHERRY again rose, and proposed a resolution to the following effect, "That from the demand given to the claim of Veterinary Surgeons to participate in the examination of pupils as to their fitness to become practitioners, and, moreover, from the fact of Veterinary Surgeons being even excluded from becoming subscribers to the Institution called the Veterinary College; it appears to be the fixed determination of the parties conducting and directing that establishment, to shake off their connexion with the general body of practising Veterinary Surgeons."

Mr. C. CHERRY, in seconding this resolution, stated his firm opinion, that as the College rulers had now completely disregarded

the profession, they ought not to expect or desire concessions from these men, but pursue their own proper course undeviatingly.

Mr. THOMPSON asked if the College had really refused to recognise the practitioners, by not receiving his subscription.

Mr. CUSNEY answered in the affirmative, adding, that those veterinary practitioners, who had obtained admission, were some way or other turned out.

Mr. W. GOODWIN, Veterinary Surgeon to the King, moved that the papers, which formed the ground of the charge against the College be read.

From these it appeared that the system of utter exclusion was established beyond a doubt.

The CHAIRMAN said, that by the present mode of conducting examinations at the College, great facilities were given to unskilful persons to practise. These persons, by merely paying a fee, received a certificate from *medical men*, possessing which, they were not half so good as the barbers of former times. (Hear.) He also spoke of the urgent necessity there existed for the professors teaching operations, that the pupils might not mistake a vein for an artery, as he had witnessed. (Hear, hear, and applause.)

Mr. DOVARI said, that if such a resolution as the present were to pass, all connexion between the practitioner and the College would cease. It came, then, to two questions—would the profession be bettered by such a connexion being broken, and was it prepared to meet the circumstances that would naturally follow such a step? He should substitute, as an amendment, "That it is the opinion of this meeting, that by the proceedings of the College rulers, the grossest indignity has been offered to the veterinary profession."

After some desultory conversation,

Mr. J. TURNER said, that by passing such a sweeping censure, the meeting was not discriminating between friends and foes.

A COUNTRY PRACTITIONER defended his brethren in the country from any charge of deficiency of talent.

Mr. CHILD seconded the amendment, the meeting could not entertain any resolution disclaiming the College without knowing what resolutions were to follow.

The original motion was then withdrawn, and the amendment put and carried.

Another resolution to the effect that the veterinary profession being thus situated, the present meeting deemed it necessary to adopt such measures as might be best calculated for its interest, Mr. Child characterised as puerile and absurd.—(A laugh.)

Mr. CUSNEY then proposed as a resolution, "That an independent Board of Ex-

aminers be chosen from the general body of the veterinary profession, with authority to grant certificates;" and supported the resolution by observing, that such a body had a much better right to issue certificates than the College, which, in fact, was only a *trading company*.

Mr. W. GOODWIN also spoke in support of the resolution.

The CHAIRMAN said he should be happy to subscribe 100*l.* towards the formation of an independent Board of Examiners, and a new and efficient school.—(Applause.)

Mr. W. GOODWIN expressed himself in similar terms.

Mr. VINCE said he would give any measure his support that had improvement for its end.

After some discussion, the resolution was carried by a considerable majority.

The thanks of the meeting were then voted to the Chairman for his able and impartial conduct in the chair, after which an adjournment took place to Wednesday next, July 22, at the Freemasons' Tavern, at six in the evening.—*From a Correspondent.*

The members of the veterinary profession appear at last to be roused to a proper feeling of their situation, and seem resolved to shake off their dependence on the miserable trading company at St. Pancras. This may be considered as the first independent meeting that has ever taken place amongst them, and it behoves them to be careful that their future measures are such as will lay a solid foundation for the government and improvement of the profession. Its members, and, indeed, the public in general, are well aware of the great necessity of a change in the mode of educating pupils, and nothing short of a new establishment for that purpose can be the result of these proceedings.

THE LANCET, the "Farrier and Naturalist," and Mr. C. Clark's "Exposure of Abuses at the College," have mainly contributed to a proper understanding on the subject; and it is satisfactory to remember that the LANCET's exertions for years past, in the cause of veterinary reform, are now producing the effect which has been all along contemplated. The independent members of the profession need only to unite, and persevere with firmness, to ensure ultimate success over the trickery which has too long prevailed at the head of affairs.

## CASE OF PERFORATION OF THE STOMACH AND OESOPHAGUS, WITH BRIEF REMARKS.

By MARSHALL HALL, M.D.

THE little girl had been subject, from a very early period after its birth, to attacks of bronchitis. Early in April it became affected with pertussis. The symptoms of bronchial and pulmonary inflammation called for the abstraction of blood; and three, and then two leeches were applied to the chest on two successive days, with other remedies usual in such cases. This was followed by exhaustion, with reaction, the countenance varying, being sometimes pallid and cold, and sometimes flushed, and the pulse frequent and jerking. Soon after the second application of leeches, there were also frequent fits of convulsion, for which a cold lotion was applied to the head; and the warm bath was used frequently. The *Hydrargyrum cum creta* was administered, with a mild, nutritious diet. There was no sickness, no diarrhoea. After a variable state of things, this little patient sank and expired, having lingered eight days.

Permission could not be obtained to inspect the body until the fifth day after death. The morbid appearances were then carefully noticed by Mr. R. Welbank and myself. The general surface was extremely pallid, but there was little or no emaciation. The bronchiae were clogged with mucus, and the lowest lobe of each lung was hepatized.

On looking into the right cavity of the thorax, a small portion of venous blood was observed. The source of this was carefully traced. A small part of the pleura immediately adjacent and above this spot, extending upwards over the convex surface of the vertebrae, was found perfectly removed by erosion; the subjacent veins had been opened by the same process, and their blood had escaped; the nerves were left entire, as it were, beautifully dissected. Proceeding with the examination, there was found at a part which corresponded with these appearances, an opening that penetrated into the oesophagus; and through this opening, a portion of the contents of the stomach flowed on raising this organ. At the same moment the rest of the contents of the stomach escaped into the abdomen, through a large orifice at its most dependent part. On further examination of the state of the oesophagus and stomach, the mucous membrane was found uniformly reduced to a gelatinous mass; the textures constituting the former were pierced by an irregular opening, of a size less than that of a pen; the peritoneum covering the latter was destroyed to a considerable extent, but there were no appearances of disease about the edges of either

orifice. The head was not examined. The other viscera presented no unnatural appearances.

The case thus briefly detailed, leads to some remarks of great interest:—

1. It cannot be doubted, that in this case the perforations of the oesophagus and of the stomach resulted from the action of the gastric juices after death. This appears to be proved by the eroded state of the adjacent parts. This fact may, therefore, be regarded as established by the present and similar cases.

2. It is equally certain, that there is one special disease or disorder of infants which leads to similar results, as stated in the interesting and valuable paper of Dr. John Geirder, in the Transactions of the Edinburgh Médico-Chirurgical Society, vol. i. p. 311.

3. It is a point of the utmost importance to state in the account of post-mortem appearances, at what precise period after death the examination was made; and it might be useful sometimes to make the examination at two distinct periods, taking care not to disturb the parts at the first. It is quite plain, that, had the parents of the little girl whose case has been given earlier consented to an examination of it, some of the appearances which have been described would not have been observed.

4. It would be interesting to make a series of observations on rabbits and other animals, with a view of determining the circumstances which favour or oppose the erosion of the stomach by the gastric juice. The observations made by Dr. W. Philip, in the third edition of his singularly admirable work on the Vital Functions, pp. 131, 132, appear to be too general on this point.

5. We might possibly employ the gastric juice in the minute dissection of the nerves, since this texture appears to resist the action of this agent, whilst that of the other parts is destroyed by it. The fact itself is mentioned by M. Cruveilhier, in his *Médecine Pratique*, cahier i. p. 143.—*Ed. Med. and Surg. Journal*.

## CASE OF SPINA BIFIDA.

By WILLIAM LAW, Esq., F.R.S.E.

THE child was a male, rather more than two months old, and the disease, of a hemispherical form, two inches in diameter, was in the usual situation on the lower part of the lumbar region. This was about the 20th of September; and a few days after, when the mother agreed to have it punctured, I proceeded to do so with a lancet. The instrument was pushed into the most prominent part near the middle, and on this occasion seemed to enter a membranous cap-

sule, distinct from the outer skin; the swelling was more than half emptied of a thin watery fluid mixed with blood, which appeared to flow from the divided edges. A little patch of adhesive plaster was put on the opening, and a fold of linen and muslin, with a piece of pasteboard, quilted with tow in a circular form, bound over the part by a roller. The child did not seem much affected by what was done. Three days after, the pasteboard being removed, the swelling was found of its original size, when the water was again drawn off at a new opening, and the pasteboard applied as before. In three or four days it was again done, but I changed the pasteboard for a piece of circular cork, which, having a slight projecting rim on the edge of the surface applied to the tumour, and a strip of adhesive plaster across, remained more steadily on the part. After the first occasion, I twice made the openings more to the side of the tumour, lest I might bring on ulceration where the integument was so thin as to be almost vascular; but after a few applications of the cork compress, this precaution became quite unnecessary, as great thickening took place at this part.

It was seldom now necessary to puncture, simple tightening of the roller over the compress answering every purpose. The tumour had become flat, projecting scarcely one-fourth of an inch from the surface, not hanging pendulous, and was in its exterior so thick and unyielding, as to afford no space within for a fluid, which, if any now remained, must have been quite beneath the level of the surface. A too frequent evacuation of the fluids (which in themselves seemed all along healthy) had ceased, and even a constant discharge of urine, which at first gave bad hopes of ultimate success, had been quite corrected. The skin in general became mottled, like that of most healthy infants, and, in short, the case in every respect proceeded with prospects beyond what could have been anticipated.

Nothing seemed now remaining to be done, but to preserve for a short while the ground which had been gained. About the third week of October, however, some increase reappeared in the part, the fluid discharged by puncture was thick, and at the next opening on the 21st, had become purulent. Still, however, as it be observed, the little patient seemed unaffected constitutionally, and I was much surprised, on the 24th, to be informed of its death, with no other precur or than that about forty-eight hours before, when its clothes were changing, something was heard to snap or give way, as it were, about its person, compared in sound to that caused by the fracture of a gut. From this time the mother, in her homely idiom, said it was much "distressed

with the nerves;" but I cannot say I could perceive any remarkable change, or such an one as to induce me to remit the treatment.

On dissection, I found, anterior to the spinal sheath, a distinct cavity where the pus had lodged; but whether communicating with that canal by a small opening, I cannot, from a little injury done in clearing out the matter, be quite certain. There was a slight appearance of extravasation beneath the cyst, but I did not, in dissecting, perceive any fracture of the ligaments or bones, if such took place when the snap was heard, and which might have let the purulent matter in upon the spinal chord. Some considerable injury, however, may have taken place at this time. I took a passing view of the abdominal viscera, which seemed healthy.

On further reflection, I am inclined to think, I ought not to have continued the pressure, when I found pus discharged from the puncture. The absence still of all bad symptoms rendered it probable that there did not then, at least, exist any connexion with the important part beneath; but the fear, on the other hand, of allowing the protrusion of the former watery bag, at what might now have been an ulcerated aperture, a trust in the law of the system, that matter, when formed generally, tends to the surface, and a hope that the cavity in which it existed might diminish at each discharge, made me, in choosing between two evils, believe it safer to keep the part reduced as it was, rather than expose it to the irritation of mechanical friction, which it must have undergone from its situation on the exterior of the body.

In similar circumstances, that is, if the treatment unexpectedly produced the suppurative action, the inflammation proceeding beyond the mere desirable adhesive thickening, I would be apt to leave Nature in this stage more to her own course; but the account of my error, if such it was, may prove beneficial to others on a like occasion.—*Read at Ed. Med. Chirur. Soc.*

#### THE VITAL PRINCIPLE.

To the Editor of THE LANCET.

SIR,—The early insertion of a former communication has tempted me to trespass upon your patience, though I much doubt whether you will think the importance of the subject's sufficient apology for its length. I allude to Mr. Dermott's theory of the "organic materiality of the mind." There have appeared sundry objections to his theory, but none of so much importance as Mr. Thomas, inasmuch as he has superadded

to his objections an *original* theory exclusively his own, not having consulted (he says) "either books or persons on the subject." Your last correspondent, Mr. Vines, has confined his observations entirely to Mr. Thomas and his theory, and I have still to learn what Mr. Vines's opinions are, as they have not yet made their appearance; they possibly will, at a future time, as he has promised to continue the subject. Mr. Dermott would make it appear, that the human mind is as clearly a function of the brain, as the secretion of bile is a function of the liver, urine of the kidneys, or any other *material* function of the animal machine; that the cortical part of the brain is subservient to the medullary part, inasmuch as the former is the seat of *certain* qualities, which afterwards become diffused or circulated through the medullary part and even the nervous system, and in which their effects become perfectly developed.

In this view of the subject Mr. Dermott stops short at the brain as the first cause, the *primum mobile* of the mind; for although he admits the existence of a soul, it nevertheless lies "dormant" during the period of the natural life of the mind, and is only called into "existence" at the death of the mind, and then becomes answerable for all the good and evil deeds done by the body, with which it has had nothing further to do than quietly to sleep away its time in its own peculiar "dormitory," in some corner of the said body.

Mr. Thomas takes another view of the subject. He "maintains that the vital principle operates *immediately* upon the brain, and immediately upon all other parts of the human system; that the brain is the machine, as it were, *by* which the operations of the mind are made manifest, and that this mind is identical with the vital principle." But this immortal human principle cannot exist separate from deity, unclothed by or independent of matter; it is *not* the soul, however, but is a constituent of what will hereafter form an incorrupt and immortal soul. He cannot agree with Mr. Dermott, that what is commonly called the soul is "dormant" during life, or that it has any "representative." He believes that the vital principle of a new and glorious body after death is of itself active and energetic during its mundane existence; that it conceives, reflects, and acts, and for its conceptions, reflections, and actions, is alone responsible, and will be rewarded according to the deeds done in the animal or mortal body. He believes also that the soul is a substantial body, but spiritual; but he cannot believe with Mr. Dermott, that when the brain dies, the "individual's existence is continued" by the "dormant soul." He thinks that the soul at death drops the husk

or shell by which it is enclosed, and becomes reinvested in a new body, subject to no deterioration, and that its own existence is continued, freed from connexion with the animal or mortal body. And, further, that this immortal body, similar in appearance, and, in fact, in every thing sufficient for identity with the mortal body, will hold the same relation to surrounding objects in the world to come, as Adam did at his creation and before the Fall; hence he infers that heaven is a *place*, not a *state* of being.

Here Mr. Thomas involves himself in a world of contradictions. First, he identifies the mind and vital principle as one, but this is not the soul. Secondly, he cannot agree that the soul is "dormant" during life, or that it has any "representative." Thirdly, that the vital principle after death is alone responsible for the deeds done in the mortal body. Fourthly, that the soul is a substantial body, (but spiritual,) and that at death it drops the husk or shell by which it is enclosed, and becomes reinvested in a new body, freed from connexion with the animal or mortal body. How Mr. Thomas can reconcile these, I am at a loss to conceive. The soul it is which lives after death, but the mind or vital principle (which he clearly separates from the soul) is to be rewarded or punished, as having been the active principle during life. To my mind this is corroborating Mr. Dermott's position, that the soul is dormant during life. He cannot believe also with Mr. Dermott, that when the brain dies the "individual's" existence is continued by the soul; that it is not scriptural, that it is unphilosophical and untrue. I would have advised Mr. Thomas, before making such a sweeping assertion, to have read the Scriptures with attention, and more especially the following words of God himself, the Creator and Saviour: "I am the resurrection and the life; he that believeth in me, though he were dead, yet shall he live; and he that liveth and believeth in me, shall never die." John xi. 25, 26. This renders it unnecessary to advert to the "unphilosophical" and untrue; for it is most unequivocally asserted by the Deity himself, that the "individual" that lives and believes in him, shall never experience an interruption of existence; and by the mouth of his apostle he declares, that when his natural body dies, the individual continues his existence as a spiritual body. Paul—1 Cor. xv. 44. Therefore Mr. Dermott is strictly correct when he says the individual's existence is continued at the death of the brain, however incorrect he may be, as far as regards the soul's being dormant during life.

It may perhaps be asked, whether (as I seem to differ from both these gentlemen) I

have any theory or doctrine of my own to promulgate and support? I certainly believe in certain opinions and doctrines not generally received, but I confess I cannot boast of any originality or exclusive right in them, for I have gathered them from "books and persons," that is, I have adopted those opinions which appear to be founded on facts and reason, and have discarded those that are not so supported; and if prejudice is but put aside, this becomes an easy task, for (in the language of a most truly enlightened author) "when truth is at hand, all things concur in giving it support." By fairly stating my own doctrine, I shall perhaps better show in what particulars I differ from the above gentlemen, and lay it fully open to refutation and confirmation. My belief, then, in shortly this, "That the brain and nerves govern the whole body, intermediately, by a circulation of their own peculiar fluid, as the heart and its vessels build up and nourish the body, intermediately, by the blood. That this fluid is eliminated in the cortical part of the brain, and diffused through the medullary part, "even to the nervous system;" that the presence of this fluid is necessary to the well-being of every the minutest part of the animal machine; that this fluid is receptive of that principle known by the name of life; that this principle, or life, is derived wholly and solely from the Deity, and is continually emanating from him; that it is the soul, or the spiritual part of man (which is indeed the very man, the mind, the individual) that "conceives, reflects, and acts;" that it manifests itself outwardly by means of the brain; that external impressions are made manifest to it by means of the nerves and brain (but this only intermediately); that the soul, or man, is a free agent, receiving good from his Maker, and rejecting it, and doing evil, as he rejects good; that when the natural body ceases, the man takes on his spiritual existence, and is judged; that he finds himself in that state of happiness or misery, as his own will hath determined (for, contrary to Mr. Thomas's opinion, I look upon both heaven and hell as *states* not places); for so far as the "individual" wills or loves good and truth, so far is he in happiness; and so far as he rejects good, from the love or will of doing evil, so far he is miserable; so that the individual goes into that state, that his love or ruling passion wills him to be in. This then is the doctrine to which anatomy, physiology, nature, and Scripture, have brought me to subscribe, for I disagree entirely in the idea of Mr. Vine, that the subject is lost sight of, physiologically, "by calling in the aid of sacred writ." However, it will be seen that much of what I consider to be the truth is to be

found in the theories of Mr. Dermott and Mr. Thomas, but that the conclusion I draw from the same facts is somewhat different. Nevertheless, I may be wrong, they may be in the right; and if it can be made appear so, I shall be the first to acknowledge it; but the facts and arguments (at least what I think to be such) upon which I found my belief, cannot be included within the limits of this paper, I shall therefore defer the further consideration of this subject until I understand whether what I have already advanced be thought worthy of an inquiry. In the mean time,

I remain,  
Your obliged servant, XX.

June 4, 1829.

If our Correspondent will compress within a small compass the observations he wishes to make, we may probably insert them, but there the controversy must end.—ED. L.

#### THE VITAL PRINCIPLE.—VACCINATION.

To the Editor of THE LANCET.

SIR,—I have no desire to enter the lists with Mr. Dermott, the Divine, or Mr. Thomas, which last, by-the-by, in spite of many "effects defective," is obviously the best informed, and the ablest disputant of the three. Nor have I the least inclination to tilt with the redoubtable champion of the vitality of the blood; who, notwithstanding his obscurity, has a little ingenuity, and a *placard* in his knowledge of the labours of his predecessors; if it be not profaning the memory of Hunter, and a host of magnates, to class them with such "small deer" as Mr. Coleman's assistant.

It is really amusing to witness the complacency with which Mr. Coleman's assistant accuses Mr. Thomas of "stating positions, and starting objections, to serve his own purpose;" but it is alarming when he threatens to deal with the "two first, reserving the remainder for a future occasion." Not less artless in his declaration, that "medical men make assertions, and then attempt to reason on them as if they were true." Does it not occur to the assistant veterinarian, that he himself has done little else than "attempt to reason on assertions as if they were facts," ever since he became a benighted wanderer in the pathless fields of physiology? Take, for example, the following paragraph from his last lucubration. "The blood, then, of animals, as well

as that of plants, (termed sap,) possesses a vital power of forming itself into animal and vegetable bodies, and, at the same time, of supporting the functions of the organic textures to which it belongs," &c. &c.

With Mr. Vines I have done, unless he should explain; then, indeed, you only, Sir, can tell when either of us will finish. Why does not Mr. Vines send his physiology to ROXBOROUGH'S EXERCISES, there he will be in good company with the "eminent hands" and "able pens" of that "sprightly journal," several of whom, like Mr. Vines, fancy they have found a mare's nest?

THE LANCET is universally read, and frequently quoted, but like every other work, must occasionally suffer from the circumstance of being made accountable for the sins of its correspondents. I am afraid it would incur this awkward responsibility, if the following passage were quoted as the knowledge of the editor, instead of the opinion of Mr. Laming, who says, "the medical world are, I believe, very generally convinced of their early error, of ascribing to vaccination a preventive influence against variola, and now content themselves with merely employing it as a preparative to that disease."

The obscurity of the first member of the sentence might, but for the succeeding one, make it a matter of doubt, whether he meant that the medical world were confirmed in their error, or emerged from the mazes of uncertainty. I could pardon his want of perspicuity, if he had not given his own, instead of the opinions of the medical world.

The knowledge of the best informed of the profession is, that if vaccination be properly performed, the patients are, in a vast majority of cases, secure from varicellous contagion; that if, after complete vaccination, the patient should have a disease called small-pox, it is very rarely proved to be so, but is either varicella, or a disease ~~so far~~ differing from variola, as to be denominated modified small-pox.

Mr. Laming says his purpose is to provoke "such communications as the importance of the subject demands;" I think his assertion (however diffidently expressed) demands contradiction, because it is untrue.

I remain, Sir,

Your most obedient servant,

O.

BLOOMSBURY DISPENSARY.—Mr. Samuel Cooper, the author of the "Surgical Dictionary," and editor of the "Study of Medicine," has been elected Surgeon to this Institution by an overwhelming majority of the Governors.

No. 307.

ST. THOMAS'S HOSPITAL.—MORE "HOLLAND-CORNER SURGERY"—MR. TYRRELL'S SECRET OPERATION.

To the Editor of THE LANCET.

SIR,—Having paid the regular fee for the privilege of attendance on the surgical practice of this hospital, I flatter myself I am duly entitled at least to a small share of the benefits to be derived therefrom, if any benefits there be. The subject to which I would wish the claim of your attention, is an operation for cataract performed by Mr. Tyrrell on Friday last. Now, Sir, it is as notorious among the pupils as the sun at noon day, and which you are as well acquainted with as myself, that there is a theatre attached to the hospital for the reception of those patients who have to undergo operations; that there is a board placed in the surgery, for the purpose of posting against it a notice of such operations, with the hour of performance, which ought to be one o'clock; but, Sir, there has been in this instance a base deviation from the usual custom, and a vile dereliction of the common practices of this institution. No patient was conveyed to the theatre, no notice was posted up in the surgery of this operation, and before the hour of one arrived,\* I was informed that an operation had been performed, (without any previous notice being given of it,) in one of the wards; a few favourite dressers only, and the "long fellow," (Joseph Henry Green, as he has been heard to term himself) were present, and such of the pupils who happened to be on the spot at the time. The fact speaks for itself, the dirty trick is easily accounted for. Mr. Tyrrell is surgeon to an Eys Infirmary, where pupils are invited to attend, not gratuitously, but by first forking out the slippery cash. Sit multi fas audita loqui. Ophthalmic surgery is considered a part, and an essential part, of the student's education, and which the candidate for a surgeon's diploma finds out, when he appears before the tribunal of *Liberals* in Lincoln's Inn Fields. I conclude, Sir, by stating that I was not the only one disappointed by this secret piece of business; and had we ever anticipated such an operation without any previous notice being given of it, how long might we have crept through the dark and intricate mazes which lead to some more expanded office, to behold the still existence of the Bat system flourishing among the dust and cobwebs as I will answer the question myself;—time without mind.

Your obedient servant,

A FUSE,

8 K

## THE LANCET.

*London, Saturday, July 18, 1839.*

Of all the medical scribes who have laboured to disgrace the literature of this country, there are none equal in infamy and servility to the base tools and Dvns, by whom a certain portion of the medical press has been conducted. What abuse that we have exposed, have not these miserable and dirty revilers attempted to justify? What robbery, inflicted on the unfortunate student, have they not attempted to palliate? What indignity, offered to the general practitioner, have they not endeavoured to encourage? The monopolising by-laws of the College of Surgeons—the old-maidish vanity of the College of Physicians—the frauds upon medical pupils, by the Old Hags—the pilferings of the Bards,—and the cruelties, the horrible cruelties, practised in our hospitals, have all been themes of admiration, with these impudent and malignant literary ruffians. Fraud and falsehood have been their food, but the wretches now find, that their meal is a scanty one, and that they are neglected and despised by their unprincipled employers. When we endeavoured to obtain for the inquiring student a better intellectual repast at the hands of his teacher,—when we endeavoured to lessen the sufferings of the miserable objects ~~presenting~~ in the wards of our hospitals,—when we endeavoured to procure for the great body of the profession their undoubted rights in their College,—what was the conduct of our worthy contemporaries of the medical press? Why, they seconded our exertions, by an almost endless out-pouring of venomous attacks against private character. On this subject we have long remained silent, as we were fully resolved, by making no attempt to stem the torrent of abuse with which we were assailed, to expose to the profession, and to the public, the inef-

fable insignificance and feebleness of our foes. The evening zephyr has not been less injurious to the forest oak, than have been the whistlings of these slanderers, to this immutably established Journal. The success, the extraordinary, the unprecedented success, which has attended our exertions, will, we hope, prove a beacon, a monument of promise to all journalists who may commence their career with a resolute determination to pursue, in the discharge of their duty, one uncompromising, undeviating path of rectitude. Our triumph has been the greatest, probably, that ever was achieved by any journal, and we shall not now tarnish its brilliancy, by descending to attack private character. But we have a few rods in pickle for our dastardly assailants, who shall smart to the bone ere long. The day of retribution is at hand. Although we have been silent, we have not been regardless of passing occurrences. But we might almost leave the chastigation of our enemies and the justification of our conduct, to events which are now constantly working in our favour. Abuse after abuse have we exposed, and abuse after abuse has been removed. In every instance, however, was its existence denied by the corrupt tools of the medical press, and by none more vehemently than by a detected and exposed late Quarterly Plunderer. The manner in which corruption has been upheld, would almost lead one to suppose that, with some persons, the pleasures of lying and deceit are far superior to those of truth and honesty. Lost to every sense of shame, and living by the wages of sin, there has been no work too dirty for the scribbling Dvns. Every Augean stable, in turn, has been their banquetting room, and furnished them with rich rapasts. But in Mister Coleman's stable, at St. Pancras, their pleasures and revelleries knew no bounds; and woe indeed were those who had no taste for, or denied the excellence of, the entertainment. The Veterinary College, as it is called, cost the country

five thousand pounds a year, for several years. It was founded with a view to the cultivation of anatomical science, by the great John Hunter, and some of his friends. We have asserted, repeatedly asserted, that in the hands of Mr. Coleman, it has been converted into a job, and that the pupils had little or no opportunity of acquiring a knowledge of their profession. These statements were denied in an hapudent manner by the *venal DUB*, and the reader, by referring to page 490 of this day's *LANCET*, will have another opportunity of judging who have best discharged their duty to the public.

THE office of Coroner for the City of London has become vacant by the death of Mr. Shelton. The appointment is in the gift of the Corporation, who have directed a Committee to inquire into the qualifications necessary for the efficient performance of the duties of the office. Now if this Committee report truly, they will assert, without reservation, or equivocation, that no man can properly discharge the duties connected with the office of Coroner, unless he be thoroughly acquainted with the theory and practice of medicine. Medical knowledge, beyond all question, must be the most important qualification of a Coroner. Without it, he is a mere tool, a machine in the hands of others; and as such, is frequently employed to the prejudice, and injury of the public. Almost every Coroner's Inquest involves some intricate question connected with anatomy, physiology, surgery, or chemistry. Yet the presiding judge on such occasions, is usually as ignorant of all matters connected with these subjects, as the crier of his Court. The old adage has it, that if the blind lead the blind, both will fall into the ditch, and, as inquest jurors are not very clear-sighted in medical matters, we fear it too frequently happens, that these gentlemen, and their judges, fall into very sad mistakes. Would a medical Coroner have returned such a ver-

dict as that which was given in the case of Mr. Van Butschell? Would not medical Coroners have been of some service in the cases of Elizabeth Feaning, and Mary Gosses? Of the *charity* patient at Lewisham? In the headless case at Richmond? In that of Ellen Read of Liverpool? In that of Mr. Neale and the soldier? In Mr. Swearing Sankey's case at Dover, and Mr. M'Feyden's at Westminster? A Coroner's Inquest is generally, in point of fact, a most important and complicated medical inquiry; and it is impossible that it can be adequately presided over, by any other than a person of first-rate medical skill.

If the Coroner have no knowledge of medicine, how can he be a judge of the accuracy of medical testimony. Again, if he have no knowledge of anatomy, or chemistry, how can he propose to the witnesses, the questions best calculated to elicit the truth? The verdicts in several of the above-named cases, owing to the extreme ignorance of the Coroners, have caused much disgrace to the profession, and injury to the public. Disgrace to the profession, because the members have been unjustly accused of mal-practices, and injury to the public, because innocent persons have been wrongly suspected of committing the foulest of crimes. Nor are these evils the only ones; for the expenses attending trials, founded on the absurd proceedings of Coroner's Inquests, are enormous, and swell the county rates to a prodigious extent. These evils cannot, we are persuaded, be avoided in any other way than by placing medical men in the office of Coroner, and we hope that some practitioner of ability, will offer himself to the Corporation of the City of London for the situation now vacant by the decease of Mr. Shelton, and boldly press his pretensions. The Corporation, upon inquiry, we have little doubt, will see the proper bearings of the question. It may be said, that the other duties of the office require great legal knowledge, and that, consequently, an ATTORNEY

is the *only* fit person to be chosen. But this objection to medical men cannot be maintained, because it is sufficiently notorious, that the office of Coroner is filled by many individuals who have had neither a legal, nor any other education. The law connected with the office of Coroner, as we have before stated, may be comprised in a nutshell, and a knowledge of it acquired by an hour's application. If the SHERIFF die, it is true, the duties of his office, in great measure, devolve on the Coroner; but it would be strange indeed, if a medical gentleman could not discharge these as efficiently and decorously as John Leatherside, Citizen and Saddler, or Thomas Turbot, Citizen and Fishmonger.

SOME of our readers have probably heard of the ROYAL WESTERN HOSPITAL, situated in Nutsford Place, Bryanstone Square, near Paddington. A war is raging, it seems, between this Institution and the Councilors of our worthy College, in Lincoln's Inn Fields. At the former, there are surgeons who are sufficiently liberal to throw open their practice gratuitously to students; at the latter, there are examiners who are sufficiently illiberal not to recognise the certificates of attendance on such gratuitous surgical practice. Hence, issue has been joined. JON BURNS declares that the College is right, for, says JON, "If nothing has been charged, nothing has been learned."

#### OFFICE OF CORONER.

A CORONER (in Latin *coronator*, *à corona*), so called because he acts wholly for the king, as chief magistrate of the commonwealth, is an ancient officer of the realm, of whom mention is made so early as the year 925, in the charter of King Athelstan to Beverley. It was requisite formerly, that a coroner should be the wisest and discreetest knight that best would and might perform the prescribed duties; and there is a writ in exist-

ence, whence it appears to have been good cause for removing a coroner chosen, that he was not a knight, and had not a hundred shillings rent of freehold. He is required by law to be a man of good ability, with lands in fee, of the county where chosen, to answer all people, and, if insufficient, the county to answer for him. He is chosen of the freeholders by writ, and, from the nature of his office, this right of choice, though little esteemed in the present day, is of the highest importance. There are commonly four coroners in each county.

The office of a coroner is for life, and his duties are ministerial and judicial. Ministerially he executes the King's writs, when the sheriff is excepted to, or party to a suit; and when the shrievalty is vacant, writs are directed to the coroner. Judicially he takes inquisition by twelve men or more which next pass by, on persons slain or suddenly dying; or by his warrant to the constables to summon a like jury of the neighbourhood. He issues his warrant for witnesses, takes their examinations in writing upon oath, and if a majority of his inquest men sign an inquisition, declaring a certain person guilty of the death, he commits the offender to prison if present, or issues a warrant for his apprehension, and binds the witnesses by recognisance to appear at the next assizes. He enrols and returns the inquisition with the verdict of murder, or manslaughter, or as it may be, to the justices of the next gaol delivery; or certifies it into the Court of King's Bench, and thereon the criminals are put upon their trial. If witnesses die before trial, their depositions become evidence. He has no authority to take an inquisition without a view of the body. If it be buried so long that nothing can be discovered from the view, the inquiry must be by justices of the peace on testimony of witnesses; and none can take an inquisition on view but the coroner. Hence if a body be drowned and not found, the justices, and not coroners, are to inquire. A coroner must take inquisitions himself, and not by deputy; an inquisition by deputy is void. The coroner and his inquest constitute an open court, wherein proclamation is made for all persons present, having knowledge of the death, to come forth and give evidence. Sir Thomas Smith says, that the empanelling of the coroner's inquest, the view of the body, and the giving of the verdict, is commonly in the street, in an open place. Of so high authority is this institution, that on suspicion of an improper verdict by a jury, the coroner may raise the body, and inquire by his inquest touching the death of the deceased. The taking of an inquisition in a close room is a violation of the common law. It is also a coroner's duty to hold inquests concerning treasure hidden

under ground. By a statute in the reign of Edward III., coroners were not to demand or take any thing for doing their office, which only confirmed the ancient law of England, whereby any one concerned in the administration of justice is restrained from taking any fee or reward for its execution. But by an act of Henry VII., reciting that the office of coroner had grown into disuse, whereby manslaughter and murder had increased, the coroner was awarded 13s. 4d. upon every inquisition, and fined 5l. for default of making inquisition and certifying. An act of George II. allows the coroner 20s. for every inquisition over and above the 13s. 4d., and 9d. for every mile that he shall be obliged to travel. The coroner's inquest is familiarly termed "sitting on the body;" and so Shakspeare has it in *Twelfth Night*, on occasion of *Sir Toby's* drunkenness:—

"*Olivia*.—What's a drunken man like, fool?

"*Clown*.—Like a drowned man, a fool, and a madman; one draught above heat makes him a fool, the second mads him, and a third drowns him.

"*Olivia*.—Go thou and seek the coroner and let him sit o' my cor; for he's in the third degree of drink—he's drowned."

And so in *Hamlet*, the *Clown* that dig *Ophelia's* grave discourse thus:—

"*2d Clown*.—The crowner hath sat on her, and finds it Christian burial."

After a rustical roundelay of reasoning upon the finding, comes a legal conclusion:—

"*2d Clown*.—But is this law?

"*1st Clown*.—Ay marry, is't; crowner's quest law."

To the present day the coroner is popular among the vulgar as the "crownor."

The Lord Chief Justice of England is the sovereign coroner of the whole realm, in person, whosoever he abides.

The Coroner of the Verge, sometimes called Coroner of the King's House, or household, has exclusive jurisdiction within the verge of the court. By a statute, 33 Henry VIII., every inquisition on persons slain in any of the King's palaces or houses, or any other house wherein His Majesty shall be abiding, is directed to be taken by the coroner of the King's household, by the oaths of twelve or more of the yeomen-officers of the household. But on the 1st of June, 1810, an inquisition was taken by Samuel Thomas Adams, Esq., Coroner of the King's household, on view of the body of Joseph Sellis, at the apartments of the Duke of Cumberland, in the Kitchen-court, St. James's, and none of the jury summoned were officers of the household, but house-keepers of the vicinage, eighteen being resident at Charing-cross, and one in St. Martin's Lane.

There are likewise coroners belonging to

particular corporations and colleges, appointed to act within their precincts, by licence of their respective charters.

The coroner of the city of London is the Lord Mayor for the time being, or his deputy. He takes inquisition of death, as other coroners; and also concerning found treasure, deodands, and wrecks at sea. The deputy's gratuity for performing the duties of city coroner appears to be according to the pleasure of the Court of Common Council. In March, 1751, the court considered the petition of John King, Esq., coroner of the city, and resolved to allow him £100., in full consideration for his several inquests in the city gaols, and 13s. 4d. for every future one.

In the *Mirror of Justices*, a law book of great antiquity, edited and largely added to by Andrew Horne, an ancient Chamberlain of London, coroners are spoken of under the reign of Alfred; but there is ground for presuming that they existed even earlier. The coroner is peculiar to England, for there is no trace of such an officer in the jurisprudence of any other country.

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*An Essay on the Deaf and Dumb; showing the Necessity of Medical Treatment in early Infancy; with Observations on Congenital Deafness.* By JOHN HARRISON CURTIS, Esq., Surgeon-Aurist to the King, &c. &c. London: Longman and Co. 1829. pp. 211.

THE condition of the deaf and dumb is a subject of great interest with every humane man. Milton has described want of vision as "wisdom at one entrance quite shut out;" the same description forcibly applies to those unfortunate beings who are devoid of that grand inlet of knowledge—hearing; and who, as a natural consequence, are likewise destitute of one of the most useful attributes of man—speech. It is not sufficiently considered that hearing is the grand incentive to speaking; for, if sounds be not heard and discriminated, they cannot be imitated. The child, in his early attempts at speech, is guided by the ear, which leads him to the imitation of vocal sounds; it follows, therefore, that those who are born deaf, or who are affected with deafness before the power of articulation is attained, necessarily remain without the power of speech.

Within the last few years great attention has been paid to the education of the deaf

and dumb; the instruction they receive is of a symbolical nature, the eye being rendered subservient to the uses of the ear. It is not necessary for our present purpose to enter into a consideration of the symbolical mode of education, or to trace it through its various modifications to the system at present pursued in this country, in asylums for the reception of the deaf and dumb. The highest praise is due to the benevolence and ingenuity of the individuals who invented, as well as those who perfected, a measure by which many human beings who were cut off, and stood isolated from society, now hold a link of communication with it. It is obvious, however, that admirable as the system may be, it can afford but an imperfect substitute for the sense of hearing and faculty of speech; consequently it is only applicable to those individuals in whom it has been clearly and satisfactorily ascertained that neither of these powers is present nor can be given.

We have read with astonishment, however, the remarks contained in the preface to the work before us, that cases are admitted into the London Deaf and Dumb Asylum without inquiry, or any medical investigation having been previously instituted; and that children, after admission, are not subjected to any examination or medical treatment. It seems, that in the year 1817, Mr. Curtis called the attention of the government to the want of a better system of procedure.\* He says,—"

"I adopted this measure at that time from a firm persuasion that there exist numerous cases in which there is no qualification of the organ of hearing, but merely that state of its function which admits of remedy; and, consequently, that many children so circumstanced would, under proper treatment, obtain the faculty of speech. This opinion has been fully confirmed by subsequent extensive experience, and I am happy to perceive that it has received the support of the eminent and experienced M. Itard, of Paris, who, in one of his memoirs to the Minister of the Interior, states, that absolute deafness is comparatively rare, and that not more than one-fifth of the cases of deafness and dumbness which have come before him, have presented a total deprivation of the sense of hearing.

"When we reflect upon the insufficiency of institutions for the admission of all, or even a large portion, of congenital cases of

deafness and dumbness—upon the number of those cases actually existing in the community—and upon the fact of three, four, five, and in some instances even seven children in one family\* being so afflicted, the propriety, nay, the moral necessity, of having recourse to some enlightened means of inquiry into the state of particular cases, before admission into these institutions, must become apparent; and even still more apparent must it be, when we consider that the education to which applicants, when admitted, are subjected, is not one which will in any way tend to restore the sense of hearing and faculty of speech, but only to furnish them with very imperfect substitutes for both. It was with this view that, on the occasion alluded to, I recommended, as a measure of primary importance, a minute examination of all deaf and dumb children, and that none should be presented for admission into asylums unless accompanied with certificates of such examination by competent professional men, stating that every medical means of restoring or improving the sense of hearing had been employed without success.

"If a plan of this kind were resorted to, institutions for the deaf and dumb would fulfil the rational objects of their founders—would be appropriated solely to those who are incurable—and the number of applications would thus be reduced within the means and legitimate scope of these charities. Another very important advantage would result, namely, that opportunities would be furnished to medical men for experience, and for ascertaining the best means of administering relief in cases where benefit, or a complete cure, is to be hoped for; and patients would not be deemed incurable, and subjected to all the consequences of such an unfavourable decision, without having been submitted to a rational mode of treatment.

"It should be recollected, that to restore to society one who suffers merely from remediable defects, and to render him useful by the scientific development of his senses and natural powers in that vocation to which his station in life may introduce him, is much more laudable than to lead him through

\* According to the last report of the London Deaf and Dumb Asylum, Jan. 12th, 1827, it appears that a list of sixty-four candidates was presented to the governors, out of which they were under the painful necessity of electing only twenty-one, though all seemed to have powerful, if not equal, claims to their notice. By the same report it will be seen, that in seventeen families, containing one hundred and thirty-six children, there are no fewer than seventy-eight deaf and dumb.

the indirect and imperfect forms of a symbolical education, however favourable such means may be with regard to those cases for which all practicable resources have been tried and have proved unavailing."

Congenital deafness, and that which is observable soon after birth, the author believes to be frequently dependent upon casual circumstances only, and he insists upon the necessity of treatment in early infancy, before the disease has been confirmed by time and habit. At the London Deaf and Dumb Asylum, however, children are not eligible until nine years of age, and are received under eleven years and a half; the advanced age at which patients are admissible, is of course unfavourable to medical treatment.

If we are correctly informed, that illustrious individual, Sir William Blizard, is the consulting surgeon to the Institution. What may we not hope for under his enlightened auspices? Seriously speaking, we deem the foregoing remarks and assertions respecting the management of affairs at the Deaf and Dumb Asylum, to be worthy of the most serious and attentive consideration. It is in the highest degree lamentable, that individuals, objects of charity too, should remain in a comparatively forlorn condition from a want of proper medical investigation.

After a description of the anatomy of the ear and of the different parts connected with hearing and speech, illustrated by plates, the author proceeds to a consideration of the probable causes of deafness, with consequent dumbness, and the modes of relief to be pursued. Amongst the most frequent causes are enumerated obstructions of the eustachian tube; congenital inspissation of cerumen; herpetic eruptions, which often occur during the progress of teething; and various affections of the membrana tympani.\*

An impervious condition of the eustachian tube, according to the author, often exists in infants, arising from viscid mucus lodged within the canal; and, in the treatment of this affection he strongly recommends the continued and regular use of emetics. Several cases are related in confirmation of the

benefits resulting from this plan of treatment, from which we select the following:—

"Miss D——, aged five years, deaf and dumb, the daughter of a merchant in the city, was brought to me by her mother, accompanied by her medical attendant, on Dec. 22, 1827. It appeared this child had had the tympanum perforated twice in both ears, blisters had been applied, she had been electrified and galvanised, and had the moxa applied repeatedly, without effect. The parents of this child were anxious that nothing should be left undone by them for her relief. As no means had hitherto been of service, however powerful the remedies employed, I was at some loss how to conduct my treatment: it occurred to me, however, that the defect might arise from an obstruction of the Eustachian tube, and, guided by this idea, I lost no time in examining it, which I did by passing a small probe into its superior part, which did not appear either ossified or unnatural, but obstructed by viscid secretion. Considering this a case for my new mode of treatment, I immediately commenced with powerful emetics, repeated according to the strength of the patient. In the course of a few days she began to hear with a trumpet; and at the expiration of nine months was much improved, and able to talk: she has since perfectly recovered her hearing and speech. She was completely cured by the use of emetics alone."

"James Lawlor, a boy about five years old, was sent to the dispensary, from Ireland, February 5, 1829: his mother, who accompanied him, informed me that he was born deaf and dumb. He was also blind of one eye. Finding on examination an obstruction in the eustachian tube, I ordered an emetic: when I saw him three days afterwards, his mother told me that he could distinguish loud sounds. The emetic was constantly repeated, with even greater apparent success than before; and as he continues under my care, I anticipate the most favourable results. I adduce this case as a proof that slight affections, if early attended to, may be treated by this curative process with the fairest prospect of ultimately effecting the total or partial removal of the malady."

As respects the congenital inspissation of cerumen, the treatment as well as the disease must be obvious; and we can scarcely suppose that a child should remain deaf, where the cause of disease and means of relief are so palpable. However, the author relates a case in which a child remained deaf and dumb until three years of age, from this simple cause alone. Surely, nothing can more strongly point out the necessity of strictly examining into the state of the

\* One cause of deafness in children is mentioned on the authority of a French writer, of which we scarcely know how to treat seriously: it is "*Le commerce secret pendant la grossesse!*"

organs of hearing, in all cases of real or supposed deafness.

Herpetic disease of the ear is characterised by a vesicular eruption with an inflamed base, to which succeeds ulceration attended by a copious fetid discharge; and after the disease has existed for some time, the cutis of the auricle and meatus becomes so thickened that the capacity of the passage is considerably diminished. The author is disposed to regard this as a constitutional affection, and of course requiring constitutional treatment; but at the same time local remedies are not to be entirely overlooked. The impurities are to be removed from the ear by means of syringing with soap and water, and then a mild astringent lotion is to be employed.

The diseases of the internal ear, as the author remarks, are more difficult to treat than those of any other part of the organ, inasmuch as the parts being removed from sight and touch, disease is not so easily detected. But even where we fail to discover the cause of deafness, and hence infer its existence in the internal structure of the ear, we are not justified in abandoning such cases as utterly hopeless. The affection may be dependant upon original malformation, but we must bear in mind, that it may have arisen from disease, and may, to a certain extent, be remediable. Five cases are related at the close of the work, in which children, born deaf and dumb, and in whom there existed no obvious cause of disease, acquired the power of hearing and speech. Two of these patients were seven years of age, and another was six. Emetics, and blisters applied behind the ears, kept gently discharging in the form of an issue, with the constant practice of well cleansing the ears, are the principal means to be pursued. When hearing begins to take place, the constant use of acoustic tubes is recommended, of which the one lately invented, with two apertures fitting the mouth and ear, is to be preferred.

We must close our notice of this work by observing, that Mr. Curtis is entitled to the best thanks of the public for having drawn attention to the fact, that many cases of deaf and dumb, hitherto considered hopeless, admit of palliation and cure.

## ST. THOMAS'S HOSPITAL.

### CASE OF CONGENITAL SCROTAL HERNIA, WITH RECENT DESCENT OF INTESTINE, AND CONSEQUENT INFLAMMATION. — OPERATION, AND DEATH.

**JOSEPH WALKER**, a brewer's servant, of spare habit and pallid countenance, about twenty-eight years of age, was brought into St. Thomas's Hospital, at noon, on the 25th June, under the care of Mr. Green, with an old incarcerated hernia of the left side. We did not see the patient until the day after his admission, when, on visiting him, there presented a tumour of an enormous size, which (as will presently appear) was caused by the descent of large portions of intestines into the left side of the scrotum, distending it to such a degree, that the penis was completely hidden from view. He was very reluctant to have the bed-clothes removed, and said, that having been pulled about previously by so many of the pupils, he had been put to a great deal of unnecessary pain, and requested that we would not increase his sufferings by handling the tumour. — On desiring him to state where he particularly felt pain during the rough handling he experienced, the patient placed his fingers over the external abdominal ring, saying, he felt very little pain or tenderness in the tumour, and still less in the abdomen.

The account he gave of his case was, that he became ruptured about ten years ago, but on resuming the recumbent position, had always been enabled to return the intestine without any medical assistance, until within the last four years, since which it had remained unreduced, as large as his double fist, (about one-fourth the size of its present dimensions,) but not causing him any material inconvenience; and during the whole of the period, from the commencement of the swelling up to the present time, he has never worn a truss. On Monday, the 22d ult., whilst engaged in his business, a cask of beer accidentally fell on him, crushing his abdomen between it and the wall, which was the cause of the present increase in the size of the tumour, and on account of which he came to the hospital for relief. Has not had any vomiting, or sickness at the stomach, nor has he any sensation of constriction across the abdomen; neither is there any marked anxiety of countenance, nor indeed any symptom of strangulation. Tongue red at the tip and edges, and white upon the dorsum, with a red streak down the middle; bowels open several times; pulse full and frequent. On his admission, Mr. Green ordered venesection to sixteen ounces, and applied the taxis

a considerable time without success. In the evening, twenty leeches to be applied to the tumour and thirty on the left groin; an enema of cold spring water to be thrown up the rectum, and ice, confined in a bladder, to be constantly kept to the tumour; fever diet. The taxis was again applied by the dresser, but ineffectually. The blood, which was removed yesterday, is much cupped and buffed, the buffy part very tough and leathery, coagulum small.

This being the day appointed for operations at St. Thomas's Hospital, there was rather a large assemblage of pupils in the operating theatre, and soon after one o'clock the patient was placed on the table. Mr. Green now made a further effort at reduction, by means of the taxis, and Mr. Tyrrell afterwards attempted it, one of the dressers at the same time compressing the lower part of the tumour between both hands, but this also proving ineffectual, the endeavour, after some considerable time, was relinquished. Mr. Green, therefore, proposed that an operation should be immediately performed, and the patient expressed himself ready to consent to any thing that might be proposed for his relief; but Messrs. Travers and Tyrrell being of opinion that it might be safely postponed, and further means had recourse to for the reduction, the man was removed to his bed, the swelling of course remaining as before. Two tobacco enemata were administered in the evening, about half an hour apart; they produced nausea and vomiting, which continued nearly four hours.

27. Mr. Green visited him late in the afternoon, and expressed the same opinion respecting the operation:—"But (said he) it has always been customary, in this hospital, to accede to a majority of opinions, consequently I have done so in this instance, and now we have the same ground to go over again; but the fact is, the inflammation will go on until certain symptoms present themselves, when an operation will be consented to, and then what shall we find?" Mr. Green appeared anxious to operate now, but the patient feeling tolerably comfortable wished to remain until Monday. Pulse 128, full and jerking, has had two feculent stools since yesterday; was bled in the morning to twelve ounces, blood buffed and cupped, as before; tumour very tense, appetite pretty good, and has a desire for animal food.

28. Pulse 130, jerking; bowels open; tongue as before; no pain, and very slight tenderness of abdomen. Venesection to 16 ounces.

29. Blood taken yesterday still cupped and buffed, but buff less firm and leathery than previously. Pulse 100, less jerking, less tenderness on pressure at external ring,

and little or none of abdomen; tumour more flaccid, but tender on pressure, and the pain deep-seated; bowels open.

Mr. Green saw him at about two P.M., and having decided on operating without further delay, the man was removed to the theatre for that purpose. The operation was begun by making an incision, commencing from the external abdominal ring, and continuing it down the tumour, about three inches, simply dividing the integuments, and subjacent cellular membrane. The operator continued to dissect carefully, through the layers of fascia, with a common scalpel, alternately using its handle and cutting edge, and sometimes employing the director and bistoury, more especially on nearer approach to the hernial sac. Previous to opening the sac, the external ring was made conspicuous, by clearing away the cellular membrane around it, and was then slightly enlarged with the bistoury, and an attempt made at reduction by means of the taxis, which was employed for twenty minutes; but this not succeeding, the ring was further enlarged, after which the sac was pinched up, and an opening having been made into it, the director was introduced, first in a line towards the abdomen, afterwards from above, downwards, and the sac laid open to the whole extent of the external incision. After endeavouring some time to free the intestines from their adhesions and entanglement, it was found necessary to extend the incision to about twice its original length, which was effected by introducing the fore and second fingers into the opening, and passing the bistoury between them; this incision divided a small artery, which was immediately secured by ligature. A better view was now afforded of the contents of the sac. The intestines were slightly reddened, but did not exhibit appearances of any very high degree of inflammation. The hernia was now found to be congenital. Mr. Green said that the testicle was adherent to a portion of intestine, which we believe he stated to be part of the descending colon, and which was also firmly adherent to the sac; and there was a small quantity of bloody serum. The recent adhesions of that portion of intestine, which was forced down at the time of the accident, were mostly separated by passing the finger round the convolutions, but at one point were so firm as to require the aid of the knife. The separation having been effected, this portion was returned by gentle manipulation, leaving that part only which constituted the original hernia, in the scrotum. The operator remarked, that the tumour must now be about its original size. The wound was brought together and secured by sutures, and over it was placed a compress of lint, with adhesive plaster, com-

pleting the whole of this tedious operation in one hour and twelve minutes from the time of the first incision. The patient was then removed to Isaac's inner ward, a small ward contiguous to the theatre, and usually appropriated to the reception of patients who have undergone the operation for stone. The scrotum was ordered to be supported, and knees raised by means of pillows. Soon after he was put to bed the patient complained of cold and shivering, and the pulse sunk, becoming scarcely perceptible at the wrist. He was directed to have some warm gruel given him, which restored him in some degree, and the pulse became more distinct, but continued small and thready.

30. Has passed a very restless night, with almost constant vomiting of greenish bilious matter; considerable tenderness of the tumour, and generally over the whole abdomen; tongue coated; thirst; pulse 112, small and sharp; bowels not moved. Common enema, 20 leeches around the tumour, and fomentations.

*Calomel*, four grains;

*Opium*, half a grain; every six hours.

31. Has obtained but little sleep; countenance anxious; complains of pain and extreme tenderness over the whole abdomen and tumour; continual vomiting of all ingesta, &c.; some pain in the head; tongue dry, with a yellowish white coating on its surface; pulse 130, small and sharp, but very weak; bowels open twice since yesterday.

*Opium*, two grains;

*Calomel*, one grain; immediately.

*Brandy*, two ounces, a small quantity to be given in arrow-root.

Eight P.M. The vomiting and extreme tenderness of abdomen not diminished; pulse very small and weak; and from this time he gradually sunk until about noon on the following day, when he expired.

#### *Examination of the Body.*

On laying open the abdomen and tumour to its whole extent, the parietes of the latter were found exceedingly thickened; the left testicle adherent to the intestine, soft, and somewhat diminished in size; the portion of intestine contained in the scrotum was the sigmoid flexure of the colon, and a large portion of the ileum, which were strongly adherent to the surrounding parts, much disorganised in structure, and thickened from old depositions of lymph; there was a large vesicle, about the size of a pullet's egg, situated on the sigmoid flexure of the colon, filled with a yellowish opaque fluid; a considerable effusion of fluid in the abdomen. The portion of intestine which was returned at the operation, viz. jejunum, was easily recognisable, from its being more vascular, the vascularity not diffused, but in patches,

and more developed in the mesentery than on the intestines. The whole length of the intestinal canal of a livid appearance, very much thickened, and every where agglutinated together by recent depositions of lymph, and the glands situated in the mesocolon were enlarged, some of them to the size of a walnut. In compliance with the request of the friends, no other part of the body was examined.

#### CASE OF PERIODICAL ASTHMA.

Thomas Barnstine, by trade a sugar baker, 35 years of age, was admitted by Dr. Roots, into Luke's Ward, No. 20, on May 21st, stating that during the last six or seven months, he has been subjected to periodical attacks of dyspnoea, occurring every morning at about six o'clock, and continuing sometimes three hours, at others not more than half an hour; while the paroxysm lasts, he feels a sensation of constriction over the whole front of the chest, and relieves himself in some measure by leaning forwards on the table; has a cough, and when he expectorates freely, the fit usually terminates. Complains that his feet feel very cold at the time of the attack, and generally has cold perspirations after. Pulse 80, soft and compressible. Tongue coated, white; bowels open; appetite good in after part of the day, but not in the morning. Ordered, an emetic powder to be taken immediately, ten grains of sulphate of quinine to night, and again the first thing to-morrow morning, and to be repeated every night and morning. Milk diet.

22. The powder has caused him to vomit once only. Bowels open twice. The attack was less violent this morning, and continued but three-quarters of an hour.

23. Two pills of colocyynth and calomel. Continue the quinine.

25. Has had slight paroxysms every morning, continuing only about five minutes. Tongue coated. Bowels open once or twice daily. Pulse 88, soft and compressible. Sulphate of quinine, ten grains three times a day. Repeat the pills of calomel and colocyynth, this and every alternate night. Mustard liniment to be rubbed into the feet three or four times a day.

28. Missed his expected attacks yesterday and this morning. Tongue less coated; bowels open. Pulse natural.

30. Slight returns of dyspnoea yesterday and this morning. Complains of coldness of lower extremities, before and during the attack. Tongue more clean; bowels open. Pulse natural.

*Quinine*, ten grains every six hours.—  
Let the feet be bathed in hot water every morning.

June 6. No dyspnoea since May 31st. But complains of coldness of the feet during the

night and mornings. Tongue clean; bowels relaxed. Pulse 60, small and compressible.

*Sulphate of Iron*, two grains every six hours. Continue quinine.

10. Still complains of coldness of the feet during the night and mornings.

*Tincture of Ammoniated Iron*, one drachm every six hours. Continue quinine.

18. His dyspnoea returned this morning between six and seven, and lasted ten or twelve minutes. Is not conscious of having feet cold. Tongue clean; bowels open. Pulse natural. On inquiry, it appears that his quinine has been omitted to be sent up since June 10.

*Sulphate of Quinine*, ten grains every six hours.

20. No asthma this morning, but still has coldness of feet.

*Strong liniment of Ammonia*, one ounce and a half.

*Tincture of Capsicum*, half an ounce to be rubbed into the feet and legs, three times daily.

26. Has had no return of dyspnoea; feet and legs warmer; perfectly well in health.

Discharged, with medicine for one week.

## GUY'S HOSPITAL.

### BIKE OF A VIPER (COLUBER BERUS) IN THE RIGHT HAND.

CHARLES HOLLIDAY, aged 26, a healthy-looking muscular man, was brought to Guy's Hospital on Sunday, 21st of June, labouring under the effects of a bite from a viper. The patient was placed in Luke's Ward under the care of the junior surgeon. The day after admission, he stated, that on returning from his usual employment, (which, during the summer months, is that of catching adders, snakes, and other reptiles, for sale,) he was met on Blackheath by a medical pupil, who requested him to show him a viper, and while in the act of doing so, the animal endeavoured to slip through his fingers; on his suddenly catching at it with the other hand, he was bitten on the under part of the middle joint of the right fore-finger. The part immediately put on the appearance of a nettle-sting, and was followed by a sensation of creeping up the arm, and at the same time the veins became much distended, feeling as if they were about to burst; this was attended with severe pain, and, subsequently, swelling of the whole extremity, which rapidly increased. About five minutes after the infliction of the wound, he felt a rumbling of the bowels, succeeded by extreme pain and excessive vomiting, which was almost in-

cessant. With the assistance of two men, he went to the Deptford Dispensary, where a draught was administered, but being informed that nothing more could be done for him there, was led by the men to Guy's Hospital. The vomiting and retching however were so distressing, as to compel him to sit down and rest almost every five minutes. On arriving at the hospital, he had become exceedingly weak and faint, and his pulse is said to have sunk so low as 38, and was scarcely perceptible; but from this partial state of asphyxia, he soon recovered. Says he has been bitten several times before, but by the immediate application of some viper fat to the wound, has always prevented any ill consequences from accruing, until the present accident, excepting once, and then the effects were very slight.

On his admission, fifty leeches were applied to the back of the hand, and afterwards a spirit-wash was ordered to be applied constantly to the whole extremity. To take ammonia jalap three times a day, and the bowels to be kept open with calomel and colocynth. The symptoms under which he now (June 22) labours are as follows: there is considerable swelling of the whole arm and hand, with great tension, and pain on making the slightest pressure, especially in the right axilla, and immediately surrounding part of the breast. The cuticle, around the part which was bitten, is raised into a bladder of the size of a walnut, and gives him a great deal of pain. The vomiting has ceased, but he still feels sick, and there is a disposition to its return on moving, or raising himself in bed. Complains also of pain on pressure of the abdomen, especially over the umbilical region; pulse small, frequent, and slightly contracted; tongue whitish, but moist, red at the tip and edges, with a red patch about as broad as a sixpence on the left side near its tip, which he says is very sore; bowels open from the medicine; some pain over the forehead, and heaviness of the head. Ordered one grain of calomel, half a grain of opium, and one-fourth of a grain of tartarised antimony every six hours, and to continue the ammonia julep as before, with the pills of colocynth and calomel when required.

23. Has had restless nights, with frightful dreams; complains of a sensation of bearing down in the lower part of abdomen, with frequent desire to void his urine, accompanied by weakness, and difficulty in expelling it, and only passes a small quantity at a time. The vesicle which formed on his fingers has been opened twice, and discharged a yellowish fluid, from which he experienced great relief. It is now filling a third time, the pain increasing as it becomes more full; arm less swollen, and not

no painful or tender; neither does he evince such acute feeling on pressure of axilla; bowels open from medicine, and less tender on pressure; pulse 78, more full, and soft; tongue whitish, moist. No alteration made in the medicine.

27.—Arm continues to improve in every respect, and he can now move it about with ease. The inflammation has entirely subsided, but still feels a slight pain in the palm of hand, and up the inner side of the forearm. The vesicle on his finger has been again opened, and is now very small. Is less restless at night, and the pain and heaviness of head have entirely left him. Bowels open; very slight pain on pressure over the abdomen; still has slight difficulty in voiding his urine. Five grains of compound extract of colocynth every alternate night. From this time he continued to improve, and was discharged on the 30th of June.

#### LITHOTOMY.

On Tuesday, June 30, Mr. Key performed the operation of lithotomy on a healthy-looking boy, apparently about five years of age. The forcing down, and resistance, which the patient used after he was bound and ready for the operation, caused the rectum to be protruded about two inches. This the operator reduced several times, but it as often returned, until laying a towel on the anus, and applying pressure with the thumb of the left hand, the gut was retained in its proper situation; then placing the left fore-finger under the arch of the pubis to keep the integuments tense, and mark the place for the commencement of the first incision, the operation was performed in the usual manner; and the extraction of the stone, which was about the size of a small horse-bean, was effected in less than thirty seconds.

#### REMOVAL OF A SCIRRHUS BREAST.

Mr. Morgan removed a scirrhous breast from an elderly woman on Tuesday, July 7. The operation was commenced by making an elliptical incision above the tumour, carrying it from left to right, and a corresponding one below, in the manner usually adopted in cases of this description. The diseased portion was then dissected from the pectoralis major muscle, leaving it clearly exposed to view. Mr. Cooper, at the same time, making pressure over the first rib. The patient being of a spare habit, it was only found necessary to secure one artery; one of the absorbent glands, situated immediately under the integuments, at the left extremity of the wound, which was enlarged, was then laid hold of with a tenaculum, and removed by a scalpel; after

which the edges of the wound were brought together, and held in approximation by means of a single suture, over which was placed a pledget of lint, confined by adhesive straps, and the patient removed to her bed.

#### ST. BARTHOLOMEW'S HOSPITAL.

##### CARCINOMA OF THE CHEEK.

CHRISTOPHER CONWAY, *ætat* 38, a stout hardy labourer, of healthy appearance, was admitted, May 26, into Barker's Ward, under the care of Mr. Lawrence, with a scirrhous ulceration of the right alar nasi and upper part of the cheek, in size about the disc of a dollar. States that the disease commenced about six years ago, in the form of a small tubercle near the nose; that for a considerable time it had much of the appearance of a wart, knotted and irregular, going into ulceration, and slowly extending. The ulcer is not of an unhealthy appearance. Its edges are slightly elevated, not excluding the restorative process of cicatrisation, which has taken place at a portion of the alar nasi, but since that part became cicatrised over, the ulcer has extended across the cheek. The glands are not at all enlarged.

July 9. The patient being anxious to have it removed, and Mr. Lawrence, having little or no hope of cure without the performance of an operation, has consented to remove the diseased portion. After the patient was brought into the operating theatre and placed in a chair, Mr. Lawrence made an incision with a scalpel completely round the ulceration, through the skin, adipose substance, and some way into the muscular texture. He next dissected out the part entire, removing a considerable portion of the muscles adjoining the disease. After the part was cut out, it being found impossible to bring the edges of the wound together, the patient was sent back to bed, and ordered merely to have a cloth dipped in cold water laid over the cheek, that it might granulate and heal in this manner. On subsequently cutting into the diseased part, it was found to be an ulcer preceded by scirrhous change in the structure of the skin only, the adipose and muscular substance underneath being natural and healthy, which the operator considered afforded strong ground for expecting a complete cure to be the result.

11. There is a healthy discharge from the wound; granulations are springing up, and the patient expresses himself as comfortable.

##### AMPUTATION OF THE THIGH.

JANE WARDEN, *ætat* 58, rather emaciated, of dark complexion, and middling stature,

while walking along the Curtain Road in a state of intoxication, July 9th, at half-past 11 p.m., was knocked down by a stage coach, the wheel of which passed over her right leg, shivering the tibia into many pieces, and denuding a great portion of its periosteum. A part of the fracture extended up to the cartilage covering the head of the tibia. The fibula was uninjured. She was immediately brought to the hospital, and received under the care of Mr. Lawrence who was without delay sent for; he arrived at half-past 12. After examining the extent of the injury in a most careful manner, and the circumstances connected with it, his opinion was, that though in a young subject, and under favourable circumstances, the reparation of such a mischief might be expected, yet, that in an instance like the present, the patient being 58 years of age, addicted to drinking, and in a state of intoxication at the moment, the most expedient plan was that of removing the extremity. The anterior tibial artery beat naturally, but the posterior could not be felt. She was placed on a table in the ward, and amputation at once performed at the lower third of the thigh. She did not seem to recover her sensibility for several hours after the operation. Ordered three grains of calomel and ten of jalap, with the compound senna draught every two hours.

10. This forenoon she seems perfectly sensible of the unfortunate situation into which her intemperance has brought her. States that having been requested by some acquaintances to drink some ale, which she

was not accustomed to, she speedily became intoxicated, and insensible to all that occurred. Complaints of great pain in the stump. Pulse quick; face flushed; and feels sick. Mr. Lawrence recommends a few ounces of blood to be taken from the arm, if the pain and feverish symptoms continue.

13. Yesterday the wound was dressed, and the greater portion of the edges found to be in contact. Still complaints of darting pains, pain in the left lumbar region, restlessness and thirst, though she is on the whole likely to do well.

### THE HAMBURGH HOSPITAL.

We have no hesitation in declaring the "Allgemeine Krankenhaus," at Hamburg, to be one of the first hospitals in Europe; and we earnestly recommend those of our readers who visit the Continent for their instruction, to bestow part of their time and attention on that excellent institution, with the management and general arrangement of which they will, we are convinced, be not less pleased, than with the hospitable urbanity of its medical officers.

The following extract from the report on this hospital for the years 1823, 1824, 1825, 1826, and 1827, will, we hope, be read with interest:—

Total Number of Patients.		Admitted.	Remained from the preceding year.	Discharged		Remained at the end of the year.	Died.
				Cured.	Incurable.		
In 1823	2,660	1,754	926	1,263	—	1,002	386
1824	3,351	2,549	1,002	1,847	58	1,033	550
1825	3,431	2,598	1,035	1,865	84	1,059	378
1826	4,116	3,057	1,059	2,517	49	1,110	489
1827	4,440	3,330	1,110	2,659	59	1,235	445

The average number of patients in the year 1825 was 1056, in 1826 it was 1147, and in 1827, 1191. The average daily expense incurred per head, amounted in 1825 to 10 shill. (11d.), in 1826 to 9½ sh. (10d.), and in 1827, 9½ sh. (10½d.)

### HYDROPHOBIA.

The following case of hydrophobia occurred in the above hospital in 1827:—A robust and apparently very healthy man, about 56 years of age, was admitted at the beginning of March, having, four weeks previously, been bitten in the cheek by his dog.

which had been bitten the day before by another dog, and from that time had evinced symptoms of illness. The man had not the least suspicion that the dog was rabid, though he caused it to be shot. The wound was simply dressed, and healed in three weeks, without requiring the assistance of a surgeon. About a week after its complete cicatrization, he began to feel indisposed, lost his appetite, was restless at night, and frequently started up from his sleep; at the same time he felt an oppression of the chest, and a difficulty of swallowing, especially when he attempted to drink, which he was within a short time obliged to give up alto-

gether. On his admission at the hospital, four days after the commencement of the above symptoms, he could not bear the light, so that it was necessary to place him in a dark room. His countenance was pale, eyes glassy, and somewhat injected; head very hot, respiration tranquil and regular; on the least noise he appeared frightened, and looked up in a wild manner, and when spoken to, gave short and hurried answers; during a longer conversation, his face became flushed, and the tone of his voice was hasty, and, as it were, impertinent. When left to himself, he fixed his eyes on one point in gloomy silence. He did not complain of any pain; the abdomen was soft; the epigastric region only slightly tense; the bowels had been constive for the last three days; the tongue was white, and exhibited no vesicles at its lower surface. He complained of a dryness in the throat and mouth, and a disagreeable taste. He very often spat, but took much care not to let the saliva fall on any body; the pulse was full, between 70 and 80. Sometimes he suddenly got up, as if roused by an inward anxiety, walked across the room, and forcibly compressed his chest with both hands. Dr. Frische, under whose care he was placed, did his utmost to ease the patient's mind, and to induce him to get the better of his dislike of water; he promised every thing that was required, and, though with apparent horror, took the glass, stared at it, and emptied it in a moment; immediately afterwards, he felt great oppression and apparent dyspnoea, to ease which, he pressed both hands against the chest, and hastily went from one corner of the room to the other. The wound, which was completely healed and slightly inflamed, was scarified, and dressed with the powder of cantharides; and round it, as well as on the neck, mercurial frictions were made; he was largely bled, and took an emetic, by which a great quantity of mucus was evacuated. Every hour two grains of calomel, and every fifth hour a powder of belladonna. Under the use of these means, however, no alleviation of the symptoms took place, and at midnight he became so very restless and unmanageable, as to require even the use of the strait-waistcoat. The blood which had been evacuated contained much cruor, but no inflammatory crust. On the following morning the face was flushed, the eyes blood-shot, the veins of the head very tumid; the carotids and temporal arteries beat very strongly. He was lying in bed, threw his head from one side to the other, bit the cushion, and spat frequently; he talked continually, and with great violence, especially if any one came into the room. Sometimes he emitted a sound like barking. Twenty-five leeches having been applied to

the temples, and a bladder filled with ice placed over the head, he seemed to become a little more quiet, and fully to recover his senses, for he expressed his regret for his behaviour during the attacks, but said he could not help it. At noon, however, the congestion of blood towards the chest and head having again augmented, he was bled a second time; during the operation he was very tranquil, and looked with great indifference at the blood flowing from the vein: he said he felt a little easier, but that it was of no use, for he must die within a few hours. During the following night he was again extremely restless, sometimes made an attempt to drink, but without accomplishing it. He continued taking the powders, and did not seem to have any difficulty in swallowing them. In one of the convulsive attacks, the wound from the venesection spontaneously opened, and he lost about ten ounces of blood; a slight remission appeared to take place, but it was only transitory, and he died early in the morning, about thirty hours after his admission.

On examination of the body, which appeared to be passing rapidly into putrefaction, the dura mater was found firmly adherent to the skull; the arachnoid and pia mater gorged with blood, and a considerable quantity of serum effused between them. The substance of the brain was also much injected; the quantity of serum in the lateral ventricles, and at the surface of the spinal chord, was not larger than usual. The brain itself, as well as the spinal chord, was perfectly healthy; the latter exhibited no trace of inflammation whatever. The thyroid gland appeared more injected than usual; the pneumo-gastric and sympathetic nerves were perfectly healthy; the lungs were slightly adherent to the pleura, but, as well as the trachea and larynx, without any morbid alteration. The substance of the heart was rather soft, but healthy in other respects. The papillæ of the tongue were more developed than usual: no vesicles were found at its root or lower surface. The internal surface of the pharynx and œsophagus was very pale. The mucous lining of the stomach was slightly injected, and the small intestines exhibited distinct traces of inflammation. The spleen was small, and somewhat softened; the liver healthy.

#### THE PHARMACIE CENTRALE OF PARIS.

The *Pharmacie Centrale* is no doubt one of the "most beneficial institutions under the superintendence of the Administration Générale." Its object is to supply all civil hospitals, lunatic asylums, prisons,

poor-houses, and public charitable institutions of every description in Paris, as well as in the departments, with drugs and medicinal preparations. It is obvious that this manner of proceeding in both simple and economical, and best prevents all adulterations and impositions with respect to the preparing and selling of medicines. Every month the Parisian hospitals send a report to the Pharmacie Centrale of their present supply; the provincial institutions send their reports every other month. The receipts which are transmitted by the different institutions to the "Pharmacie Centrale," serve to check its annual accounts with the Administration Générale. In the year 1892, the amount of its whole expenses was not more than 423,222 francs, which, considering the extent of its operations, will appear very trifling. The institution possesses a large building, with the necessary warehouses, laboratories, &c., and an excellent apothecary's shop, which serves only as a model, no medicines being sold there.

The "Boulangerie" and "Cave Générale," are institutions similar to the Pharmacie Centrale; the latter for the supply of wine, the expense of which in 1892, amounted to 573,532 francs. The "Boulangerie" requires annually 15,000 sacks of meal. During the last fifteen years, the amount of its supply was 15,500,000 francs. In 1892, 2,820,064 lbs. of white bread, and 4,223,030 lbs. of rye bread were consumed.

### HOPITAL ST. ANTOINE.

#### REMOVAL OF A DISEASED PORTION OF THE UPPER JAW-BONE.

A MIDDLE-AGED country-woman, of a good constitution, was admitted in the middle of June. She stated that two years before she had an upper molar tooth extracted, and that the dentist had been obliged to make very considerable efforts before he succeeded in removing it; after a few days, the gums became greatly swelled; a great quantity of pus was discharged from the socket, and two months after the operation a small piece of bone came away. It could not be ascertained whether a portion of the alveolar process had been extracted with the tooth, or whether the bone had been diseased before the operation. Up to the pre-

sent period, the patient had constantly suffered great pain; the left cheek had swelled, the purulent discharge from the socket had continued, and become very offensive. On her admission, she was in the following state: the cheek-bone appeared to be twice as prominent as usual; the skin over it was tense, shining, and of a violet colour; the subcutaneous veins of the neighbouring parts were gorged with blood, the eyelids and temporal region swelled, the globe of the eye prominent, and the left nostril very much compressed. On opening the mouth, the greater part of the alveolar process, and a considerable portion of the hard palate, were found to be destroyed, so that the finger could be passed into the antrum; the soft parts, in the circumference of this aperture, were swelled, hardened, and uneven; the pain in the tumour and the surrounding parts was constant, shooting, and very violent. After the fruitless employment of different kinds of treatment, M. Velpeau, under whose care the patient was, determined upon removing the disease by an operation which was performed on the 2d of July. An incision having been made from the left angle of the mouth up to the middle of a line between the left eye and ear, both flaps were as much as possible detached from the subjacent parts, and in this manner the malar and superior maxillary bones laid bare. Both bones being found diseased to a considerable extent, M. Velpeau endeavoured to remove parts of them by the saw, but finding this impossible, had recourse to the scraper, (the substance of the bone being changed into a sarcomatous matter,) so that he succeeded in removing almost the whole of the facial portion of the malar and upper jaw-bones. The operator now passed his finger into the antrum, and found it diseased to a much greater extent than he had expected, the nasal and orbital portions of it being also thickened, and changed into a stercoraceous and scirrhous mass; the upper part of the antrum was softened to such a degree, that the globe of the eye could be readily felt through it by the finger. M. Velpeau considered it too dangerous to use the knife any further, and employed the actual cautery to destroy the morbid growth, especially towards the nose; it was impossible, he observed, to remove all the diseased parts, and he hoped that this object would be attained by profuse suppuration through the aperture in the month; the antrum was accordingly filled with lint, and the edges of the external wound brought together by sutures.—*Lancette Française*.

## VACCINATION.

To the Editor of THE LANCET.

SIR,—Having read a case in THE LANCET, No. 303, of Mr. Leeson's, relative to the vaccine and variolous diseases existing at one and the same time in the system, and likewise observing in No. 305, that a second correspondent, Mr. Laming, wishes for similar cases, I transmit to you the two following:—

CASE I.—Mrs. Pearce, of this place, applied, May the 10th, to have her daughter vaccinated, in consequence of the small-pox being in a contiguous house. I inserted the virus in four different places, and felt pleased to observe on the 13th that it had taken effect; 17th I vaccinated six fresh subjects, from the girl in question, and each individual had the cow-pock perfectly, and escaped variola; 18th Mrs. P. wished me to call at her house, intimating, that she believed her daughter was sickening for the small-pox. Having seen and examined her, I found by the symptoms that her mother's conjectures were not without foundation. I also noticed that the areola round the pustule had begun to fade, and the pustule itself became stationary. The small-pox made its appearance lightly over all the body, but resembled secondary variola, and the scabs came off very thin and early, without pitting. The incrustations of the cow-pock were diminutive and scaled off at the same period. Here both diseases appeared to check the progress of each other, for neither was finally perfected. Yet the cow-pock matter taken on the 17th, produced the desired effect in six different persons.

CASE II.—Mrs. Burrows, of this place also, requested that her child might be "socalated" for the cow-pock, as she expressed it, having lost one of her children by variola. It was vaccinated May 30th, and on the 23d the arm became red and raised as usual; 24th, the child sickened with small-pox. The pustules made their appearance earlier than I generally observed. Yet still the cow-pock proceeded and was as beautiful as any I had ever seen, like a pearl upon a rose leaf, both diseases went on together, terminating at the same period. The child did well, and appeared not to suffer like those who had not been subjected to vaccination, which decidedly mitigates the action of the small-pox. If I mistake not, Mrs. Pearce's daughter did not lie in bed a single day.

J. HANDS.

Edgeware, Middlesex,  
July 10th, 1829.

## SINGULAR TREATMENT OF TETANUS.

To the Editor of THE LANCET.

SIR,—My attention has been called by a medical friend, to a statement in THE LANCET of the 27th June, upon the treatment of tetanus, by the people of the Tonga Islands. For a full description of this and other surgical operations of the natives, permit me to refer you to the appendix to the 2nd volume of "*Mariner's Tonga Islands*," in No. 14 of Constable's Miscellany.

I beg leave to say, in addition, that I do not recollect having had the honour of communicating with Professor Chapman, of Pennsylvania, on the above subject, as stated in the article in question.

I am, Sir,

Your most obedient servant,  
WM. MARINER.

No. 2, St. John Place,  
London Hospital,  
July 6, 1829.

## TO CORRESPONDENTS.

Communications have been received from Mr. Bainbridge—Mr. Douglas Fox—Mr. Edwin Foster—Mr. Dermott—Mr. Green—Mr. Sheldrake—Mr. Farr—Mr. Wathea—Mr. Beag—Mr. Johansen—Mr. Atkins—Mr. A. Berry—Mr. Pithelis—W. C.—An Enemy to Cant and Humbug—G. F. B.—Spes—N. D.—Philoveritas—Fair play.

We are obliged to Theta for his good wishes, but can not make use of his letter; he should not have commenced writing unless he had first known "what to write about."

The paper of Chirurgus does not contain any observations on the subject of the Anatomy Bill, which have not already appeared in this Journal. It will be left according to his wish.

Answers to the inquiries of F. G. B. would occupy more space than we can allot to them. He may find all the information he desires, in a little work published some time since, entitled Toxicology.

The translation by "J. J. B." is not calculated for the pages of this journal.

# THE LANCET.

Vol. II.]

LONDON, SATURDAY, JULY 25.

[1858-9.

## LECTURES

ON THE

DISEASES OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

### LECTURE XXX.

#### *Leucophlegmatic Chlorosis.*

PATIENTS will sometimes be brought to you pale, cold, bloated; with an abdomen enlarged from flatulency, a disposition to swelling of the legs, feelings of languor, lassitude, torpor, and an incapability of much muscular action; and they are unwilling to move about, and going up stairs seems to be an Alpine labour, and turning the room requires an effort of exertion sufficient to carry many across the Dover Straits. Now, together with this inactive state of the system, and the evident deficiency of healthy blood, as shown by the paleness, and coldness, and sallowness of the patient, there may be a failure of the flow of the catamenia; so that at the age of sixteen, seventeen, or eighteen years, perhaps, the catamenia have not appeared at all, or scarcely.

In treating the leucophlegmatic chlorosis, for so it may be called, we have it not generally in our power promptly to cure the disease, but sooner or later, and sometimes in one or two years, and sometimes in a few months, it may give way; and although I know not that I can lay down to you any mode of treating this chlorosis with that certain efficacy which I could wish; yet I will throw out a few hints, not without their utility in my own practice, and which may, therefore, be of service in yours. In the case of the leucophlegmatic chlorosis, I deem it always a point of the first importance to attend to the state of the chylopoietic viscera, the stomach, the bowels, the liver; you may therefore commence your treatment by

clearing the alimentary tube by means of emetics and purgatives. An emetic answering the purpose very well is ipecacuanha, given once or twice a week for two or three weeks; and the ordinary purgatives, senna and salts, will very effectually clear out the bowels. With the same view of improving the state of the chylopoietic viscera, it has been advised, that we should not merely put the patient on the temporary use of purgatives, to displace any matter that may be accidentally lodging in the alimentary tube, but that a regular course of laxatives, joined with the occasional use of the blue pill, should be administered for weeks together. This method of keeping up the intestinal action seems to be the rather necessary, because we generally find the evacuations to be faulty, sometimes white, sometimes green, often black, and often offensive in a high degree, with a strong disposition to constipation, and seldom, if ever, in a state that is perfectly healthy. With a view of improving the state of the chylopoietic viscera, too, it has been proposed by Hamilton of Edinburgh, who has written on purgative medicines, that we should not merely use a gentle course of laxatives, but that we should administer the purgatives in large doses, day after day, till we have given the patient a thorough purgation, and obtained stools of healthy character; and he states as matter of observation, that in cases of chlorosis, when this method of large purgation has been followed up one week after another, it has been ascertained that instead of patients losing strength they have, on the contrary, rather acquired it, an accident which is to be explained by the improvement of the state of the stomach and bowels, which this strong stimulus will sometimes occasion. I should observe to you, however, by way of caution, that I have been told by a very able and distinguished practitioner, whose name would carry much weight with it, that when he was at Edinburgh, a case being managed in this way, certainly with the best intention, the girl died; sinking, as it appeared to him, under the effect of the purgatives. This single case I mention to you merely as a caution, not by any means in the view of

passing a general condemnation on the practice which has the authority of Dr. Hamilton (not the obstetrician) to recommend it. I may observe, however, at the same time, that I mention this method of strong purgation on his authority only, that I have never myself admitted it into general use, and cannot, therefore, pass upon it a personal judgment. Milder remedies being in general sufficient for the purpose of curing the disease, if time be allowed, I always give them the preference, excepting perhaps in a few anomalous cases, where the original strength of the habit was great. Here then are the three principal modes in which it is proposed to manage the chylipoietic viscera in cases of leucophlegmatic chlorosis—by the use of active purgatives according to the Hamiltonian method, by the administration of milder laxatives, consisting of blue pill and so on, a method perhaps which is the safer, as it is the less violent, or by the mere clearance of the bowels, under emetics, and a few doses of ordinary purgatives, of these three modes, the second is that which I should recommend to your attention. Further.

In cases of leucophlegmatic chlorosis, it is of the first importance to inquire into the quantity of the healthy red blood in the body—generally deficient. Now, it seems, from the very look of the girl—from her coldness, paleness, and inactivity—from her white lips, her pallid tongue, her sallow cheeks—that though her vessels may be full enough, yet that they are not full of healthy, rich, red blood; and if we can, therefore, invigorate the sanguifying powers, so as to acquire for her a fuller supply of the vital fluid, we shall, in truth, have made one grand step towards the complete cure of the disease. Now, in this view of augmenting the quantity of red blood, you will find great assistance from the medicines to which I shall presently advert, and if you once get this fluid into a healthy, not to say lively state, there will be little doubt that the disease will speedily give way. In this view also, of filling the vessels with healthy blood, you should allow your patient a generous diet, apportioned to the powers of her digestive apparatus, and she may be supplied with a diet such that she can take without producing symptoms of dyspeptic oppression and offensive stools. Three meals, and perhaps four, she should take in the course of the day—breakfast, an early dinner, a tea, and a supper. In the way of peptic preparative, you may recommend her, on rising in the morning, to take a table spoonful of white mustard seed, unbruised, and two or three pills, consisting of quinine, say one grain, and four grains of the best Cayenne pepper, (I say of the best pepper, for some is little better than sawdust;) and this pepper should be powdered

thoroughly, and mixed up with a little mucilage, or any other combining substance which is likely to dissolve soon in the stomach. This peptic medicine may be taken four times a day, about half an hour before each of the four meals. The quantity of it ought to be measured according to the effect produced. Warmth of the stomach, and a little gnawing pain there, being perhaps the best criteria that the medicine is in action. At breakfast may be used biscuits, or dry toast, or stale bread, with fresh butter, perhaps a new laid egg, and one little cupful of hot black tea, (as hot as the mouth will bear it,) in order that it may warm the stomach, and stimulate the inner membrane, for these hot drinks, though hurtful to the healthy, may be found very useful in a diseased stomach, and much in the same manner as heated water is found, under immersion, to swell the hand and excite the capillary circulation, so as to produce reddening and perspiration, the hot tea may be reasonably thought to produce its action on the capillaries of the stomach. The patient should be confined to one cupful of tea, that she may not deluge the stomach, for some women are very fond of taking tea in excess, and in this way they may overload the gastric cavity and dilute the gastric juice, so as to impair greatly its digestive and solvent powers. At about one or two o'clock, viz., five or six hours after breakfast, another spoonful of the white mustard seed and the peptic pill (being administered half an hour before the dinner) may be used. At this meal, be it observed, that boiled is preferable to roast meat, white meat to red meat, that which is well done to that which is under done, the inside to the outside, potatoes to every other vegetable; the food to be thoroughly chewed, and eaten slowly; no drink; or if there must be drink, then take half a tumbler of very hot water; but in general the drink required ought to be taken two hours before dinner is begun; toast and water, table beer, or other aqueous fluids are to be preferred. The pepper and the mustard seed will supersede the alcoholic stimulus. Three or four hours after the dinner the tea may be ordered, not sooner, lest it should disturb the digestive powers, this to be similar to the breakfast, three or four hours after tea the patient may sit down to supper in the form of a very light dinner. With respect to the general beverage, my opinions are a little unsettled, to the alcoholic stimulus I have an aversion, perhaps even a prejudice, and certainly, if your patient under the use of this diet is acquiring strength, I should not give much stimulant of this kind, but if not, then wine, or ale, or porter, or spirit may be given, and of the four I give a preference to spirit, in measured quantity, and diluted with four or five

of water. These fermented liquors, you may tell your patient, must never affect the head, and while she keeps clear of any unpleasant impression of this kind, she cannot be considered as indulging in marked excess. In general, in these cases, whatever beverage the patient uses, is better taken apart from the food, say three hours afterwards, or still better, two hours before. Both you and your patients may read Ludovico Cornaro on longevity with great advantage.

In cases of leucophlegmatic chlorosis, again, you should not only endeavour to improve the red blood and increase the quantity, but it should be your object, too, to invigorate the system; and if you succeed in the two former points of treatment, you will find that this third indication, in a manner, fulfils itself. To invigorate the system you may make trial of the tonic medicines, taking care you do not overload the stomach, so as to obstruct digestion. Bark, bitters, aromatics, and preparations of iron, now too much neglected, and very improperly superseded by calomel, may all be used in turn. Iron I can recommend especially to your consideration, and the compound myrrh mixture, or the carbonate of iron, or the sulphate in the powder, are perhaps the forms in which it may be best administered. The compound myrrh mixture constitutes what was formerly called *Griffith's mixture*; it is rather bulky and offensive; the carbonate may be given in powder or electuary, and the sulphate in pill. Dr. Marshall Hall, whose opinion is always to be heard with attention, has found iron of great efficacy, and I have myself, in many instances, been very well satisfied with its effects. Further to invigorate the patient, if she is in the midst of a large town, you ought to send her to the sea-side, or into the country. Indeed, I know of no means more efficacious for improving the digestive secretions, (and I do not here except mercury itself,) than change of air. You may sometimes have patients for weeks together, in this large city, with a metropolitan paleness of the cheek, and a commercial whiteness of the tongue; weak, sallow, emaciated; rich and miserable; in a word, labouring under gastric symptoms, too strong for your remedies, and yet these very patients, after having been eight or ten weeks, sometimes five or six only, in the country, acquire their full digestive powers, and become comparatively plump and fat. The cold shower-bath, where the patient is vigorous enough to react under it, may be used every day, or on alternate days. A dip in the ocean may be recommended, if the patient is at the sea side; but it is better to defer the use of bathing till the patient has a little recovered her strength. One of the best proofs of the salubrious ac-

tion of the bath, is the production of a full glow; but if the body, after plunging, is pale-blue and chilly, or if local pains are felt, we must refrain. Well, then, these different measures having been carefully pursued, the chylipoietic viscera having been strengthened and amended, the quantity of red blood having been increased, and the vigour of the system corroborated, should amenorrhœa continue, you may have recourse to emmenagogue remedies; but of these hereafter. Chlorosis is no medical objection to matrimony.

#### *Amenorrhœa of the Adult.*

Women in the full vigour of life, acting month after month with the utmost regularity, may, from some accidental cause, it may be a fright, or cold, or the like, be seized with a cessation of the flow of the catamenia. At first, perhaps, no inconvenience is experienced beyond the alarm, but afterwards the general health seems to give way, and the habit becomes sallow and emaciated, and there is darkness round the eyes, and the cheek bones rise into notice, and the general appearance is cachectic; at the same time the stomach and bowels get into an unhealthy condition, and perhaps there are irregular determinations of blood to different parts of the system; the chest, bowels, and stomach, the brain and the schneiderian membrane, being the parts of the body to which the flows are principally directed. When the determination of blood is to the brain, in general there is no effusion, otherwise our patients would be seized with apoplexy; throbbings and cephalic pains, and mental confusions, may attack the woman, but the disease usually stops here; it rarely happens that vessels are giving way within the cranium; but where the determination takes place to other parts where the vessels seem to be less secure, effusion is by no means infrequent, therefore bleeding from the nose, bowels, and lungs, are by no means uncommon. When the bleeding is from the nose, there is no danger; when it is from the lungs, it may suffocate the patient; when from the stomach and bowels, it may prove dangerous too. Sometimes women throw up blood month after month, to the amount of one or two pints at a time, yet to mention larger quantities. It is not always that the effusions are of monthly occurrence, nevertheless there is frequently a tendency to periodical return; and in some cases you will find the discharge takes place with such regularity, that the disease may be properly enough called the vicarious menstruation. The case of this kind which occurred in St. Thomas's Hospital, you have not, I presume, forgotten, and many other examples might be cited.

In treating this amenorrhoea, where the general health is unimpaired, it ought to be our first object to improve this, and you may manage the treatment much in the same way as in cases of leucophlegmatic chlorosis. If there is a determination of blood to any part of the body, the method of treatment must vary according to circumstances; if the blood, for instance, were in the bowels and stomach, I should occasionally bleed from the arm, I would give diaphoretics to equalise the circulation, and I should think of slight mercurial action, keeping the patient in a state of perspiration, and not neglecting the emmenagogues to be hereafter enumerated. If the determination of blood is to the head, the action of the cerebral vessels must be kept under; the hair should be taken off if necessary, cooling lotions should be applied, the nape of the neck should be cupped, the arm should be opened by venesection, and blood may now and then be taken away from the arm; the bowels, too, should be opened every day, and ale or wine (spirits, of course, never enter a lady's stomach) should both be carefully avoided. While we are using these remedies, we ought not to forget the stimulus of the uterus. It is to be lamented that we have not more effectual means than we at present possess, for exciting the catamenial action, in the same manner as we can excite the skin, the bowels, or liver, or the salivaries. It is not improbable that in nature, powerful and certain emmenagogues may exist; but, granting their existence, they have not yet been discovered by human sagacity. To Lavagna we are indebted for a topical method of exciting the uterus, which I incline to think of real efficacy; and though this method may not be very convenient in girls, yet in married women, who have had children, it may be adopted, and easily enough. Lavagna's practice consists in taking a few drops, say eight or ten, of the aqua ammoniac purae, and adding an ounce or so of water to it, it is used by means of a syringe, which ought not to be oiled, for that tends to render the ammonia saponaceous; this fluid is to be thrown up two or three times in the course of the day, so as to reach the upper part of the vagina. The object of this injection is to produce a throbbing and fullness about the parts; and if you mean to give the remedy a fair trial, you must increase the strength of the injection before you can prove its effect, as, in so many other instances, where the remedy is not a mere placebo, it is not the measure, but the effect, which is to regulate the dose. I have now in repeated instances ordered this remedy for patients in consultation, but I have scarcely had an opportunity of knowing whether the remedy has proved success-

ful or not. The majority of those to whom I have prescribed this remedy, have not afterwards come under my notice, so that my observations have not been sufficiently large and numerous to enable me personally to interpose a well ascertained opinion on the point; I can, however, observe with truth, that the catamenia have repeatedly followed the use of the remedy, and that my general impression at present is decidedly in its favour. Should the use of the ammonia be inadmissible, or should it be found that this method of treatment fails, the ordinary emmenagogue remedies should then be tried, and the best I know of are the smart doses of aloetic purgatives, warm hip baths, or general immersion of the body, and horse exercise. The best time for pushing these remedies, is that period when the catamenia ought to flow, known by former recurrence, indicative of a return, or else by certain feelings in the head and pelvis, with which the system is familiar. Night after night, at this time, for five or six nights in succession, the patient may sit for twenty or thirty minutes in a hip bath at a smart heat, taking afterwards eight or ten grains of aloes; the horse exercise, where circumstances will allow, should be used in the morning: or if this is not to be had, the chamber-horse may be substituted. As an emmenagogue, electricity is well worth a trial, more especially in town, where it may be easily administered in all its forms. Denman seems to have a favourable opinion of its efficacy, and he says that instances have occurred, in which the action of the uterus has been exerted, even while the patient was under the operation. Very often these remedies may be tried month after month, unhappily without the desired effect, but sooner or later the catamenia are in general re-established. Should the retention, however, prove obstinate, other remedies, to be found in most works on materia medica, may deserve an essay, as savine, for example, aloes, madder, myrrh, and a succession of gentle emetics. The tourniquet has been advised, but this, I suspect, is rather a plausible than a useful remedy. It is said, that when there is a disposition to the flow of the catamenia, the tourniquet may be put on both thighs, so as to prevent the flow of blood along the femoral arteries, and in this manner occasion an accumulation about the vessels of the womb, and a consequent eruption of the catamenia.



north and north-west winds, which blow as cold as on the mountains of Scotland; whilst at Nice, the east wind, sweeping over the Alps and Appennines covered with snow, continues, even in spring, surprisingly sharp and penetrating. (*Ibid*, p. 538.) This very wind is, unhappily, the prevailing one during that season; with the exception of eight days, (see Register of the Weather, p. 582,) the wind blew invariably to the eastward in the months of April and March. This is so notoriously the case, that Smollett, who resided at Nice himself, for the benefit of a pulmonary complaint, recommends invalids to leave Nice in the spring, cross the bay, and take up their abode during that inclement season; with the exception of the faculty still continue to send their patients to the former place! To be sure, Laennec, a classical authority on this subject, sent his consumptive cases to his native village in Brittany. Unfortunately, he was doomed to throw the greatest possible discredit on his own recommendations, for he died there of phthisis himself. We are told (*Vie de Meke*) that the Paris physicians send their patients with pulmonary disorders to the south of France. The disciples of the divine old man of Cos, in Provence, hurry their patients from the south to Lyons, and even to Paris. Who, it may be asked, shall decide when doctors disagree so materially? To this I answer, let the public be the arbitrators, if the faculty act so inconsistently.

Of the fact I am thoroughly persuaded, that exposure to high winds is specially injurious to those who have weak lungs. The reason perhaps is, that the current of cold air is partially applied to the surface of the body, which is, by consequence, unequally cooled. Another injurious quality of these climates is, that the equilibrium between the heat of the sun and the temperature of the atmosphere is not so exact as with us, so that there is one climate (often very sharp and trying) in the shade, and another with perhaps a moment's interval, when exposed to the direct influence of the solar rays; so that it is common in France and Italy to say to an invalid, "You must not venture abroad, until the air is heated" (*échauffé*). These sudden changes must be injurious: it requires little penetration to discover, that an equable temperature is especially desirable for the unhappy victim of phthisis. It is of little comparative import, as regards his recovery, whether he be exposed to a high or a low range of temperature; and, indeed, the latter would be perhaps preferable, provided he were exempt from sudden atmospheric vicissitudes. Heat, so far from being an essential element in the cure of this disorder, is the very reverse; as a stimulant, it must excite the circulation and do harm. If I am not mistaken, the benefit to be de-

rived from a southern residence in these cases, consists (or rather should consist) in keeping up a free, constant, and, as much as may be, uninterrupted cutaneous circulation, thereby preventing an injurious accumulation in the internal organs, and more especially those which are so essentially connected in sympathy and function, as the respiratory and cutaneous systems. Indeed, I think it must be evident to the most superficial observer, that if the skin be in a highly excited state, occasioned by exposure to a high range of temperature, the balance will be more readily disturbed, and an injurious internal revulsion will more readily occur. Volney (*Voyage en Syrie*, &c.) informs us, that the Egyptians rarely suffer by the intense heat to which they are unavoidably subjected, but as soon as cold is applied to the surface of the body, disease ensues; from whence he suggests, that in that country the salutation ought to be "*Comment vous suiez vous?*" and not "*Comment vous portez vous?*" Although they did not enjoy the luxury of clean linen, the coarse, greasy robes of the ancient Romans were admirably adapted to defend them against the variable climate of Italy. Those who, in England, fancy an Italian sky all sunshine, and the south of France a perfect climatorial "*el dorado*," would be surprised to see what a different opinion the natives entertain; the peasantry and artisans are much more warmly clothed than the same class with us. They observe, and very wisely, "*Il vaut mieux suer que trembler*." Sydenham remarks, that injudicious changes of clothing have slain more human beings than the sword.

I have said above, that the spring is not more favourable than the winter; and it is necessary to insist on this point, for it is common for the advocates of emigration to build a good deal upon the shortness of a southern winter. If the physiological principles laid down in a previous part of this letter be correct, an equable temperature will be considered as the desideratum, and it is exactly in this point that the deficiency lies; indeed the madidum ver of Juvenal, and the tempests and whirlwinds described by Virgil in his first *Georgic*, as occurring in the corn harvest, are as often seen in modern as they were in ancient times. Dr. Paterson (*Climate of Ireland*, p. 178) is, indeed, of opinion, that the Italian climate is as variable as ever it was.

It is not necessary, I imagine, for me to attempt to prove what must be self-evident; that high ranges of atmospheric temperature are particularly injurious in consumptive cases. The invalid, therefore, who travels southward for the benefit of a mild winter, must "bend his weary way" northward in quest of a temperate summer abode. I know

that if he be in Italy, he may be recommended to the baths of Lucca, or perhaps advised to visit Switzerland; whilst the neighbourhood of the Pyrennees will probably be pointed out to him, should he be in the south of France. These climates need one essential, indispensable requisite: they are certainly cooler than the adjacent plains, but they are much more variable, even than the much vilified climate of England; the reason is obvious, then; comparative coolness is occasioned by a perpetual struggle between the intense heat of the sun, and the equally intense cold of the mountains, by which incessant oscillations are occasioned, and a very injurious and variable climate results.

Having given these primary and principal reasons in favour of the position I am endeavouring to establish, I proceed to some minor points in proof of the same line of argument. Perhaps I may here be considered as enumerating a host of trifling evils, but a "fellow feeling makes us wondrous kind;" and I have been long enough an invalid to have become convinced, that to the sick man "trifles" do in truth "form the sum of human happiness."

"Non ignarus mali, miseris succurrere disco."—VIRGIL.

The writer is aware, that the great Sydenham, the modern Hippocrates, strenuously recommended equitation, and, above all, carriage exercise in this class of diseases, and that it forms an essential item in the Brunonian *methodus medendi* of a celebrated Scotch divine, besides boasting amongst its supporters equally celebrated names; so that on this point he gives his opinion with all becoming deference and diffidence. He concedes even, that horse and carriage exercise are particularly beneficial, by insuring the patient to atmospheric variations, and thereby rendering him less susceptible to their influence, when the patient is sufficiently wealthy to be enabled to travel in his own carriage, to command those numerous comforts, and to take those short journeys which the generality of invalids are unable to do. He need not attempt to prove, that the roads in France and Italy are not *quite* so good as they are in England, and that in these countries M'Adam would be hailed as a demigod; that a "diligence" with its fifteen inside passengers is not by any means so comfortable a conveyance as an English stage coach; that a "voiture" is not to be compared to an English post-chaise, or travelling *en poste* like posting in the land of fogs. In short, the most liberal minded of my countrymen cannot help drawing a comparison in every thing that relates to that truly English word "comfort," in favour of our own side. Can any one deny

that invalids experience more suffering and annoyance in one day's travelling on the Continent, than during a week's in England? Of course these remarks do not apply to cases in which the patient reaches his destination by sea; which, so far from being injurious, is, I imagine, a most excellent remedy in the treatment of his disorder; a long journey by land, even under the most favourable circumstances, will, I am confident, be found to do more harm than good: those who cannot command these advantages, should unquestionably travel by sea.

The houses in the south of Europe, from the comparatively temperate climate, are constructed on a different principle to what they are in England. With us they are built to keep out the cold and to retain heat; in the former, all the precautions are, to exclude heat, and the consequence is, that they are neither air-tight nor weather-proof—*haud expertus liquor*. Stone walls and floors do not add to the comfort of the picture; and, to prove that it is not *overdrawn*, I may mention that a friend of mine (by no means a Major Loughbo) assured me, that having visited Russia and Italy, he had actually suffered more from cold in the latter than in the former. In fact, it is usual to recommend invalids to choose, in preference, a lodging that has been previously occupied by Russians, for they, it is said, understand the art and mystery of sinking an Italian house a fit abode for a shilly northern. Do these facts (which are notorious) lead one to conclude, that these climates possess the superiority over our own, which they are said to do? The difference, I am persuaded, is merely that they are *comparatively* better, and in each individual case it becomes a question, and a serious one it is, whether the medical adviser shall not rather recommend his patient to bear "the ills he has," than "fly to others that he knows not of." I do not hesitate to declare it to be my decided conviction, that whenever consumption has become decidedly established, the continent of Europe presents no abode for a native of Britain, preferable to the west of England, and of this the poor sufferer will have melancholy proof, should he be induced to undergo the wear and tear of health, which he must inevitably suffer as a travelling invalid.

In conclusion, Mr. Editor, allow me to express my astonishment, that so little attention has been paid to the subject of this communication. No country possesses such extensive opportunities of investigating the nature and effects of climate upon human health and happiness, as Great Britain. No one is so interested as she ought to be in the inquiry, from her extensive colonial possessions, and yet, what has she done to encourage the investigation? Permit me to ask,

if Dr. Radcliffe's "travelling fellows" have contributed to remove the Cimmerian mists, with which this subject is covered. When so many of our countrymen, and those, too, at the most interesting period of their existence, fall martyrs to that unyielding disease, pulmonary consumption, any inquiry connected with it cannot fail to interest the medical philanthropist, and I shall, therefore, make no apology for having troubled you with this epistle.

I have the honour to be,  
Your most obedient servant,

P. HENRIKS.

#### ON THE TREATMENT OF SPINAL CURVATURE.

To the Editor of THE LANCET.

SIR,—When any practice has been adopted almost universally, it must often have been misused; but it is not right to argue from the abuse of a thing against its use, for this reason, in endeavouring to show the effects that have been produced, by the modes of treating spinal curvature that have been in general use, I shall search for an explanation of their principles, in the writings of the greatest surgeons who have treated on them. I have accordingly looked with care through your version of the lectures of Mr. Abernethy, and have extracted from them the following passage:—

"Distortions of the Vertebral Column.—

These are not diseases, they are deformities; it is customary to attribute them to the same state of health as rickets; but I do not think this is a fair way of viewing the subject. I call upon you to observe, what slight things will produce a deviation from the proper direction of the vertebral column. You never saw a person who had a complaint in the hip who was not distorted in the back. I cannot stand upon my *left leg*, for instance, upon any other terms than that of *inclining to the right*; and, if I am to continue in this posture, the construction of the intervertebral substance is such as to occasion a *springing out, an augmenting of the bulk on one side*; so that this is a cause occasioning a temporary distortion, and, in continuing to incline in that way, the distortion becomes permanent. Now the habit of standing upon one leg will occasion young persons to grow awry. If I were to lean over, as it were, upon my right shoulder, what would be the consequence? Why, to balance the weight of my body, I must twist my spine, and incline the arms to the left side, and therefore cause a deviation to the left side. Now, suppose a curvature to take place, and that the curvature is on the right side, if the weight of the head were on it, is it

possible that the weight of the head could be supported in a straight line from the pelvis? It is not possible; and the first curvature induces another curvature, and the next another, and so they go on, and they all are consequences of one original curve. Now, I say, it is very curious to observe, what slight causes will sometimes lead to the original curve, and causes which we do not easily perceive."

He then tells a long story, *as how* he cured a young lady of a projecting shoulder by teaching her to hop upon one leg, which he said could not have been done unless the patient had been in a *surgeon's house*. And, in the same lecture, he directs us to perform the cure of these defects by making his patients lie down upon their backs for a long time: as I quoted that passage in my last letter, I need not repeat it here. In all the lectures which you have recorded, as having been delivered by this lecturer, there is no mention of the existence of muscles, nor, if they are assumed to exist, does he indicate that they are of any importance to the defect which is the subject of his discourse. He evidently indicates a belief, or opinion, that a living human body, when under the influence of this defect, is a mere mass of living matter, entirely subjected to the action of gravity, as all other matter is when unaccompanied by any power to direct or influence its own motions, so that when this living matter is subjected to any accident that happens to destroy the equilibrium in which it stands, by the laws of gravity it must fall down; and therefore, to repair or to cure any derangement which such accidents must produce, it is better that persons who may have suffered by such accidents should lie still where they are than adopt any active measures to remove themselves from the bad effects which such accidents have produced.

The gravity with which such opinions were uttered must have been very great, and proves that the influence of that mysterious power upon his cerebellum must have been very great indeed, it shows such alacrity in sinking, that, as *Falstaff* says upon another occasion, if the bottom were as deep as — he must down. I will not follow his example, but shall endeavour to explain the facts in my own way. If time and space were sufficient, I would endeavour to make literal demonstrations, which would be the most satisfactory course of proceeding; but as they are not, I will endeavour to illustrate the subject by a comparison that may, perhaps, bring it home to the judgment of your readers.

Suppose, then, a pole, erected like that which supports a tent, and kept steady by being fastened securely to its top, and fixed by their other ends to the ground, so as to

secure it on every side; this pole would then remain erect, and if a weight were placed upon it that would remain firmly in its natural situation. If, instead of this pole being of one solid piece, it were made of several pieces, well jointed together, and a circle of lines were fixed to each piece, as above; if the lines were equally and uniformly tight, the weight would continually remain fixed in its erect position; but if any of the lines were injured, divided, or deranged, the action of the lines in that circle would become unequal, and the proper effect of the whole contrivance would be deranged. Mr. Abernethy says, in substance, and indeed in plain words, that the rational and direct way to restore this pole to its erect position, and, the power of performing whatever it was intended to perform, would be to lay the whole machinery flat on the ground, and let it remain there till it recovered its natural powers. Such is the demonstration that must result from this reasoning by comparison, from which I now beg to deviate, by endeavouring to investigate the real state of the fact.

The being that we accustom ourselves to call Nature, principle, or power, certainly determined that mankind should walk through the world with head erect, and, at the same time, perform all the actions which the infinite variety of situations in which men might be placed should render necessary. To effect this, they are supplied with the skeleton, which forms the basis of the whole animal, the ligaments, which join the parts of the skeleton together, and the muscles which put the whole in motion, in obedience to the will of the being that inhabits the body. All these are typified by the contrivance that I have endeavoured to describe.

Whoever will look carefully into the principles of muscular action, may discover, that when the form of a human being is reasonably perfect, or what in common language is called natural, and the health is good, such being is capable of performing every action that the situation he is in at the moment may require; and he is capable of performing all or any of these actions with equal facility. This is that condition, or state of the muscles, which Mr. Hunter, according to the dictum of Abernethy, whose words I repeat, intended to describe: "I remember that Hunter used to say a great deal upon this subject in his lectures. He used to say he was convinced that people got awry by the endeavours of parents to keep them straight; that parents were continually watching their children, and making them sit in particular attitudes, and that the children so watched, when unobserved, would naturally sink into any other mode of sitting, to obtain a little ease. Besides, that is keep-

ing in action *one set of muscles*, and not allowing the others to act at all; whereas, *every set of muscles should be kept in action.*" This opinion of Mr. Hunter may, perhaps, be better explained by saying it is one of the perfections of muscular action, to keep every muscle in that state of preparation, which keeps it in the greatest readiness to perform any action that may be required of it. A very fine illustration of this may be observed in the pugilist, who, when engaging in contest, stands up with every muscle prepared to give, to receive, or to parry the blows that may be aimed at him.

As Abernethy has quoted this opinion of John Hunter with marks of high approbation, it is surprising that he should, at the same time, recommend a practice of directly contrary tendency to cure defects in the human form; he must know, and every man who possesses knowledge on the subject, combined with sound judgment, must be sensible, that to keep persons who have not good health, and whose personal forms are defective, lying for many hours in the day in a state of inactivity, every muscle useless, is one of the most effectual modes that can be devised to increase their defects, and aggravate that debility which must have been one of the principal causes of their sufferings.

One effect of this practice is certain, and it is very remarkable that it has not been noticed by those who have most strenuously advocated this manner of treating patients who are afflicted with spinal curvature; when we sit or stand upright, the circulation of the blood goes on in the most advantageous manner, but when we lie down flat on our backs, there is a determination of blood to the head that is positively injurious; some may have so much strength as not to be sensible of this effect; others have been aware of it, and it has been attributed to that bad state of health which has produced the distortion, instead of being said, with more justice, that it is caused by perseverance in the use of this mis-called remedy, which has very imprudently been employed with great perseverance, in the vain hope of removing spinal curvature.

Persons in health are sensible of this inconvenience, though they do not, perhaps, advert to the cause of it. We sleep with our heads raised, because we find it easier than laying our heads on a level with our bodies. It is, in fact, all persons who are afflicted with serious illness, sleep with their heads raised; and when in good health; in such patients the cause of the inconvenience may be suspected, but, at all events, the effect of so raising the head is certain; and it is very common for children who are condemned to this reclining system, to complain of headache, and exhibit other symptoms of ill health;

this has been often attributed to obstinacy, which willfully resisted what had been ordered by "the doctor" for their good. I have often released the little sufferers from this evil, and shall be as much pleased as at any thing that can happen, if I should see it totally abolished.

When Mr. Cline was universal dictator upon this subject, the evil that I am now describing was well understood. Mr Cline was quite aware of it, he said, that patients for whom he recommended this practice, could not bear to be laid down flat at once. He advised that a board should be made, with some contrivance to fix it at any angle that was desired, they began at an angle of sixty degrees, perhaps, and proceeded very gradually to smaller angles, under the direction of this Magnus Apollo, till the patient was laid flat on her back, in which position she was to remain, while Mr. Apollo, who was consulted as frequently as he could induce the parties to call him in, caused her, in the same gradual manner, to rise up and walk.

This was a golden age for the shape-menders who followed in the wake of Mr Cline; boards, with contrivances to screw them up, and screw them down, or to fix them at any angle that the Magnus Apollo might direct, after duly, if not daily, considering the effect that was produced by the last screwing, found abundance of profitable employment for that very worthless tribe, but every thing must come to an end at last. Abernethy succeeded to the dictatorship, the golden age gave way to that of brass, the shape-menders went into mourning, for Abernethy, the omnipotent, said, that to cure all these things, it was only necessary to lie flat on your back, quite in a horizontal position, and continue in it for a long time. If I might propose an improvement upon the practice of Abernethy in the same style, it should be to lay all patients who might choose to be subjected to this scientific process, with their heads much lower than their heels, by this great improvement, all the effects that can be, or have been produced, by this most scientific process, would take place in a much shorter time than they now do, and the continuance, if not the quantity of human suffering, be diminished in proportion.

Another erroneous opinion has obtained some notice, though not so much as the author expected. After almost endless citations, he has ventured to decide that spinal curvature is caused by some obscure actions of the nerves, which as a matter of course, none but he is qualified to understand, and which he has ventured to describe as a subluxation of the ligaments which connect the vertebrae together, which said vertebrae, after the said subluxation has taken

place, are allowed to slip out of their places, and occasion spinal distortion. I believe that accurate knowledge of anatomy, physiology, and pathology, are not thought indispensable qualifications for the practice of this kind of practitioner, although, according to the avowal of Mr. Abernethy in his lectures, botheation certainly is, and of this most useful qualification, our author seems to possess a considerable share. It would puzzle a plain-sailing matter-of fact anatomist, to point out how a subluxation of the ligaments which connect the vertebrae together, can by any possibility take place, but the possibility being admitted, for the sake of arguing the question, the difficulty remains as to how, by any chance, the vertebrae could slip out of their places, I may, perhaps, assist the author, by supposing that he, as Mr. Abernethy certainly does, thinks the vertebrae a collection of bones, put together in a bag of ligaments under such circumstances, that the muscles, and, by consequence, the mind of the owner, having no control over them, the whole must tumble about in any manner which the mere action of gravity may direct.

The method of cure that is proposed for this remarkable disease, which, by the way, Mr. Abernethy says is only a defect, is as original as the disease or defect which it is intended to remove, plenty of physic, to cure the subluxation of the ligaments, I suppose, strict confinement to the recumbent position, regulated "according to scientific principles," as Baynton and others expressed it, these regulations were so strict, that the author has told us he invented a bed with mattresses, and, I suppose, blankets and sheets, so adapted to it, that the patient was strictly and scientifically confined to the recumbent posture, even while the natural evacuations were going on with all submission to his originality of invention, I must plead, after allowing for the difference between a bed and a chair, that his contrivance must bear some resemblance to the *chausse percée*, which the trick played off by the infallible Pope Joan upon the holy conclave of cardinals, caused to be introduced as a trial of the infallibility of future popes.

The exertions of this gentleman do not end here, for he has told us himself that he invented a brass roller covered with soft leather, with which he rubbed, pummelled, or thumped the projecting vertebrae or ribs of his patients till he forced them to return to their natural places. Upon this occasion, however, our ingenious inventor met with what is too often the reward of genius. Mr. Shaw borrowed, without acknowledgment, *Anglæ*, "nicked" his brilliant invention of the brass-roller, and applied it, without mercy or moderation, to poor Robinson's

leg, but here justice had its full effect, and Shaw was justly punished for his theft; for the roller had no good effect upon the boy's leg; Shaw got no reputation, and Robinson no benefit from the adoption; and all this is most certainly true, for the doctor has himself told us so.

As I am fearful of intruding too much upon your valuable pages, I will stop for the present, and

Am yours, &c.,

T. SHEDRAKE.

43, Allsop Terrace, New Road.

CURE OF PERTUSSIS BY THE APPLICATION  
OF TAR VAPOUR.

*By T. W. WANSBROUGH, Esq., Surgeon,  
Fulham.*

A *fine* healthy child, twelve months old, was attacked with violent symptoms of pertussis. The paroxysms were so severe as to threaten suffocation. The disease had existed nearly six weeks when I was called upon to attend. Inflammation of the lungs had supervened. The child refused the breast, and was exceedingly restless and uneasy from dyspnoea. I ordered the warm bath, and three leeches to the acrobilius cordis, purged her briskly, and ultimately continued with antimonials and expectorants. In the course of twenty-four hours from my first visit, a considerable amendment was observed, the urgency of the symptoms being very much abated. A blister to the chest closed the active measures; and three days after, the inflammatory diathesis completely subsided. The paroxysms of the cough, nevertheless, were still violent, though the frequency of them declined with the concomitant symptoms. In short, the little patient appeared likely to conquer this formidable foe; when, unfortunately, she was accidentally exposed to a current of air, which gave her cold, and increased the cough violently during that night. I again saw her on the following morning; and, unwilling to have recourse to the former measures for her relief, I determined on applying the vapour of tar, the absence of inflammatory symptoms warranting the application. Her breathing was short and oppressed, but the difficulty appeared to arise more from accumulation of mucus in the bronchæ than irritation. My idea was to bring the remedy in contact with the part or parts affected, and thereby expedite the effect. It, therefore, the remedy would be likely to prove beneficial, the fact would be proved and illustrated by ocular demonstration. I decomposed a portion of petroleum Barbadoense, by dipping into it a red hot iron; the end of the common

poker answered the purpose conveniently. The child was held over the vapour as it arose, observing not to let her inhale it until sufficiently diluted by a due portion of atmospheric air. My little patient no sooner inhaled this gaseous compound, than she exhibited manifest signs of relief. Instead of avoiding the volume of vapour as it arose from the vessel, which I feared would be the case, she willingly inhaled it, and suffered the tar to be placed almost under her nostrils. The effect was conspicuous, in relieving the pressure under which the little sufferer laboured: expectoration was promoted, and rendered nearly free from effort, by this remedy. In short, after six exhibitions of the vapour, the cough almost ceased; and without the aid of any auxiliary the child perfectly recovered.

I feel satisfied that I am indebted to the efficacy of *carburetted hydrogen and oxygen* for the recovery of this case, and I have happily experienced the heartfelt satisfaction of preserving, by the same means, from threatened destruction, *my own child*, an infant three months old. Accidental exposure to cold produced catarrh; the breathing was short and difficult, attended with sensible accumulation in the air-tubes of the lungs, which the child was unable to expectorate. These symptoms increased rapidly. There did not exist any other excitement than the difficulty of respiration. The distress of the infant excited feelings in my breast which can only be appreciated by a parent. I had already lost one child from pertussis, in which the vapour of tar was *never thought of*; another fell a victim to hydrocephalus from metastasis; and this last appeared hastening to form an addition to the number. From her birth she was delicate—smaller, considerably, than the generality of infants at her age. Leeches were inadmissible; not only because of the absence of active inflammation, but also from the apprehension of depleting the already debilitated system. Emetics and expectorants were unavailing; the former, equally objectionable with leeches. Blisters were inadmissible, from the addition thereby of irritation to the system. Under these conflicting circumstances, my distress of mind may be easily conceived. I was led to the adoption of the warm bath; but the agitation it occasioned obliged me to relinquish all thought of a repetition. At length, worn with fatigue and suffering, at the end of three days, the poor little sufferer *refused the breast* in the morning, and I then concluded the termination of her distress by a fatal issue would, ere long, arrive. At this crisis I had recourse to *tar vapour*, as mentioned in the former case. I applied it at a distance, whilst the child lay in the mother's arms. Breathing quick and short, with fre-

quent interruption from what appeared to be accumulation in the bronchis. The little creature seemed revived the instant she inhaled the vapour, and made an effort to cough! Delighted at the effect, I placed the vessel nearer to her nostrils, and continued the fume for about three minutes, when a cough intervened, followed by an immediate vomiting of viscid phlegm and mucus, that nearly suffocated her. The quantity evacuated from the lungs and stomach saturated two handkerchiefs. Complete exhaustion for about a minute succeeded this operation; and, to my inexpressible joy, the little patient took the breast heartily afterwards, and sunk into a profound sleep, which lasted two hours: she awoke refreshed, and considerably relieved. Encouraged by this unexpected and happy success, I continued the application of the vapour for a week, twice in the day; when, from the decided remission of symptoms, I ceased the further use of it. The first six applications were succeeded, each time, by a copious expectoration, which always ended in the abatement of the previous symptoms.

About a month ago, my little girl again took cold, when the difficulty of breathing returned, attended by wheezing and cough. Recourse was again had to the same remedy, which procured relief the first time it was applied, by producing sickness, and a copious expectoration of phlegm and mucus. The second application was not so successful; symptoms of an inflammatory type supervening, with fever. The child being now six months old, and considerably mended in constitution, I exhibited antimonials, and applied a blister to the chest. The febrile symptoms remitted, and an amendment followed. The support which the mother had afforded now declined, both in quantity and quality; and we were necessitated to adopt another source of nourishment, but through the same medium, viz. the breast. Change of air, at the same time, has, in conjunction with her nourishment, happily restored the infant to our anxious hopes. After the subsidence of the inflammatory action, the vapour was applied three or four times, and with confirmed success. The child is now perfectly well, and is gaining flesh.

Master Alfred Wallis, three months since afflicted with symptoms of asthma. His father, Mr. W., often make mention of the success I had experienced in the application of the vapour in pneumonic affections, requested I would try it with the boy. He was unwilling that any active measures should be resorted to, the child having so recently recovered from phthisis. The state of the little patient was as follows; his breathing oppressed; cough frequent and

violent, *without any* expectoration; each paroxysm produced suffusion of the eyes, and florid countenance. The idiosyncrasy of system (hydrocephalic) led me to apprehend cerebral congestion. His rest was much disturbed by the cough. Upon placing the hand between the shoulders, and on the chest, the wheezing was very sensibly felt; and the child seemed to breathe, so to speak, as through a sieve; such was the accumulation of mucus in the air-tubes of the lungs. Desirous of affording the vapour a fair experiment in this case, it being more closely allied to the class of pulmonary affections, in which it appeared most unequivocally applicable, I commenced the trial; and my patient inhaled the vapour, diluted as in the two former experiments, from the 14th of August to the 23d of September, regularly; then every other day, and finally ceased on the 28th of October. The first eight or ten inhalations produced powerful action of the lungs, and the quantity of mucus expectorated exceeded belief; and it gradually subsided, whilst the pulmonary viscera seemed to expand, under the influence of the new atmosphere. My little patient came *voluntarily*, during the whole period, as he used to say, "to get rid of the phlegm." It is remarkable that the child gained flesh whilst under treatment. Not a single medicament of any description was exhibited to him, as I was determined to witness the unassisted effects of the vapour. He is now quite well; and when he has any "wheezing," as he terms it, a dose of tar vapour sends it away. By-the-by, he has had but *one* dose since he left off his regular attendance.

Upon the whole, then, it may, I presume, be inferred, from the cases here adduced, that the efficacy of carburetted hydrogen, produced in the manner I have detailed, possesses decided advantages in chronic and in recent cases of pulmonic affections, before the accession of active inflammatory symptoms. In the few cases that have come under my observation, wherein I have applied it, *immediate* relief and ultimate benefit have accrued to the patient. The only instance of failure I have experienced, was in the second attack of my own child: there, I candidly confess, my former success rendered me blind to the existence of active symptoms, until I perceived them increased by the stimulating nature of the application. Yet, after the inflammatory action was removed, the effect of the vapour was certainly efficacious: so that, it appears, in cases where the lungs are under the influence of an inflammatory diathesis, the exhibition of this remedy is improper; but in chronic pulmonary affections, and also subsequent to the existence of increased arterial action, I have no doubt of the superior

efficacy of this gaseous compound. I will not presume to enter into any thing like a rationale of its qualities—that I leave to abler pens than mine: I would only offer *facts*, with such comments merely as arise from a due consideration of the importance of the subject; feeling, as I do, that many children may be yet saved from premature death, by the adoption of this simple yet powerful remedy, even by the parents themselves. Should I be so fortunate as to stimulate, by my humble efforts, one individual to a successful application of the vapour of *Barbadoes tar*, my object will be attained.

The mode of administering the vapour I adopted in the case of Master Wallis and my own child, which I have since found exceedingly applicable to infants, is simply this. A vessel of tin, resembling a coffee-pot, contains the tar: the size is immaterial; twelve inches by four will suffice for the generality of cases: a conical tube issuing from the top; a corresponding opening on the opposite side, to allow a draft, that the vapour may ascend. The iron is what may be obtained at any ironmonger's: laundresses use it for what they term the *Italian iron*. This heater, being attached to a firm iron rod, terminating in a wooden handle, is altogether eighteen inches in length. The cover or lid of the pot is made to slide on this rod; so that when the heater is made hot, upon being immersed into the tar, the cover fits on, and prevents any escape of vapour. The tube of the pot is then kept to the nostril, at the proper distance, that the vapour may be inspired.

Care must be taken that the heater be not red hot, in which case ignition of the gases, attended by an explosion, will happen, and may be of serious consequence. This happened once with me: I therefore caution those who use the remedy, to observe the degree of heat ere the heater be immersed in the tar: neglect of this observance on my part occasioned ignition, and burnt the eyelashes and eye-brows of my little patient Wallis.

I would observe, that the exhibition of the vapour never produced vomiting, whenever I have applied it, unless the bronchiae were loaded with mucus; and in either case, viz. whether there existed mucus or not, the remedy invariably operated as an anodyne, producing sleep.—*London Med. Repository.*

#### ORIGIN OF THE VENEREAL DISEASE.

It is the generally received opinion, that the venereal disease made its first appearance in Europe in the year 1494; but, in Stow's Survey of London, the earliest edition,

namely, that of 1598, are records relating to "*Bordelles or Stewes*," so called, which were allowed by authority to be kept on the Bankside, Southwark, "for the repair of incontinent men to the like women," under the jurisdiction of the Bishop of Winchester, (a goodly office for so grave a character,) which militates considerably against this idea. Stow says, (p. 331, 8vo. edit.,) "In a parliament holden at Westminster, the 8th of Henry Second,\* it was ordained by the Commons, and confirmed by the King and Lords, that divers constitutions for ever should be kept within that lordship or franchise,† according to the old customs that had been there used time out of mind. Among the which these following were some: viz. that no stewardholder or his wife should let or stay any single woman to go and come freely at all times when they listed. No stewardholder to keepe any woman to burde, but she to burde abroad at her pleasure. To take no more for the woman's chamber in the week than fourteene pence. Not to keep open his dores upon the holy daies. Not to keep any single woman in his house on the holy daies, but the bailiffe to see them voided out of the lordship. No single woman to take money to lie with any man, but she lie with him all night till the morrow. No single woman to be kept against her will, that would leave her sinne. No man to be drawn or inticed into any stewhouse. The constable, bailiffe, and others, every weeke to search every stewhouse. No stewardholder to keepe any woman that hath the perillous infirmity of burning, nor to sell bread, ale, flesh, fish, vood, coals, or any victualles," &c.—*Stow's Survey.*

This patent was confirmed in 1345—Edward III.; also in the reign of Richard the Second. "These stewhouses belonging to William Walworth, then Mayor of London, were burned by froes of Flanders, and were spoiled by Walter Teighler."‡

Permission was again given in 1506 for the like houses, but in the following reign, that of Henry the Eighth, they were suppressed.

At the Bishop of Winchester's House, situated on the bank, near to these "*Bordelles*," was a register kept, for the purpose of having these establishments properly managed; and among the directions given was, that "no stewardholder keep no woman wythynne his house, that hath any sickness of burning, but that she be put out on the payne or makyt a fine unto the Lord of a hun dred shillings."

The manuscript from which this passage is taken, is supposed to be written about the

\* 8 Henry II. 1162.

† Southwark.

‡ Commonly "*Watt Tyler*."

year 1430. The word *bruning* means burning, as I suppose.

In my opinion, the passage taken from Stow, respecting the parliamentary regulations of Henry the Second, that "no stewardholder to keep any woman that *hath the perilous infirmity of burning*," decidedly proves that gonorrhea must have been common among the English, some time previous to the date of that edict.

J. P.

July 15, 1829.

## BRANDE'S QUARTERLY JOURNAL.

July, 1829.

(Concluded from page 490.)

Our notice of this Journal last week brought us, after skipping over an article or two on architectural subjects, to a paper by Mr. AINGER, on the *Early History of the Steam Engine*.

The nations are at war, and the invention of this source of stupendous power and wealth is the point in dispute. Though much be not gained by the controversy, it is as well to have the question settled. It has been a bone of contention for the last century, and has latterly been revived with much earnestness. Any country may lay claim to the honour that chooses, and insist in the face of palpable evidence to the contrary, on the justice of that claim; but, that posterity may be at no loss to place the laurel on the right brow, the question should be freed as much as possible from obscurity, while the means of doing so exist. Mr. Ainger adopts the common sense mode, of reviewing the various steps which have been from time to time made in the application of elastic vapour to the production of motive forces. The earliest suggestion on the subject which is known, is, he says, that of Hero, of Alexandria, a hundred and thirty years before Christ. Mr. A. pursues the inquiry from this date up to the time of the Marquis of Worcester, of whose mechanical and other labours (more generally notorious as regards the steam-engine, than those of any other man, excepting Mr. Watt,) he ventures thus to speak:—"On the whole, very little credit is due to the Marquis of Worcester. The majority of his hundred projects are either absurd or puerile: some are impossible to realise, many are not worth realising, many contain no novelty, and several have a taint of the perpetual motion." This account is carried onwards with this result—that the subject of steam is the subject of steam. The pretensions, therefore, of any modern country to the honour of having first suggested the

application of steam, are altogether idle; and, as regards the steam-engine itself, not one of the clumsy and wasteful contrivances which have, year after year, up to 1707, received this appellation, is worth mentioning, but as matter of historical record. The least and best of the lot is scarcely worth dispute, even if it had been produced wholly by one man; but it is obviously "the result of a succession of improvements, so inconsiderable, that the whole of them do not exhibit a tenth part of the scientific and inventive resources, which are displayed in the ameliorations effected by Watt alone. From the year 1705, the steam-engine is confessedly a British invention. For all that is refined and economical in the development and application of the heat; for all that is ingenious in the machinery; for all that is vast in the power produced, and extensive in the purposes to which that power may be made subservient, it is notorious that the world is indebted to Great Britain."

The closing paper gives an account of the order in which the *Fossil Saurians* were discovered. Various individuals share the credit of bringing to light the splendid series which is now above ground, but both justice and gallantry compel the author to make extraordinary mention of three fair resurrectionists, to whose industry and spirit more is due than is owing to any other person. "To Cuvier," he observes, "we owe the osteological key to these discoveries, but we ought ever to remember that the world would to this day have remained ignorant of the treasures England possessed, but for the patient labours of three female pioneers in this service, viz. Mary Anning, a dealer, Miss Congrieve and Miss Philpots, residents, who, for years, had been collecting and preserving these bodies from the wreck of the coast; the two last without any other view than the gratification of a laudable curiosity, and who, with unequalled liberality, communicated their collections to every man of science that visited the place; and it is to liberal minds like theirs, and Miss Bennet's of Wiltshire, that we owe the first rescuing these natural gems from the spoilers, and the consequent credit in which this country, on this score, is held by surrounding nations. They, and a few others, gathered the materials of this fabric raised to fame, and are entitled to a full share of the honours reaped by those who, without their aid, could never have brought them before the world, yet, some of whom, with a vanity that greatly impedes scientific pursuits, affix their own insignificant names to every little shell they find, or purchase of some poor quarryer on the road side; so that now we have not less than twenty-three fossil ammonites, that have little or no other description to know them

by, than the family names of the supposed first finders!"

We agree with Mr. Cumberland, that this scramble for notoriety in fossil conchology is an injury to science, and a disgrace to the appropriators of the toy-like monuments which are thus erected, to the "praise and glory of pretty little self."

We are now near the conclusion of our labours. The only remaining portion of the Journal, except the miscellaneous intelligence, (from which, however, we shall be induced to make a few further extracts,) is an account of the weekly meetings of the Royal Institution, from the 23d of January to the close of the session in June; an extremely interesting summary of its proceedings; the subjects many and various; the results satisfactory and valuable. Those papers, of which we have not yet given an account, which recommend themselves most strongly to our attention, are on the subject of Mr. Brown's discovery of, apparently *active molecules in bodies*, and the electro-filtration of Poiret, better known at this moment as the *endosmose* and *exosmose* of Dutrochet. For those who are interested in the state of the metropolitan water, (and who trust it is not?) there is an account of its present state; there are, also, some remarks on the properties of simple pendulums, which, to use the very intelligible language of the original, are "rendered intelligible by considerations merely mechanical;" some account of a mode of rapidly sketching effects in chiaroscuro, by a process worth attention; a communication on the subject of phonics, with some mention of a gentleman who whistles duets with great facility, thus possessing the advantage of a double tongue without a double face; something on elocution; something on block-machinery; something on vibration; an index to an ascent of Mont Blanc, in which the following words occur, when the traveller reaches a considerable altitude: "overpowering tendency to sleep—overwhelming fatigue—great difficulty of respiration, violent headach, and nausea;" some particulars of the optical experiments now conducting at the institution, which promise great improvements in telescopes, &c.; and, finally, a statement on the subject of the superiority of the New Forest oak over every other species of timber grown.

We postpone extracting the reports relative to BROWN'S and DUTROCHET'S discoveries to a more convenient season. The following receipt occurs, as the result of some experiments by MM. Braconnot and Parrot, for making an *indelible ink*:—

"Twenty parts of Bantux potash were dissolved in boiling water, and ten parts of tanned leather parings, in small pieces, with five parts of sublimed sulphur, added; the

whole was boiled to dryness in an iron vessel, then heated more strongly with continual agitation, but avoiding ignition, until the whole became soft; then a proper quantity of water was gradually added, and the whole filtered through a cloth. In this way a very dark-coloured liquor was procured, which may be preserved for any period in close vessels, and which ought to be retained in well corked vessels, constantly excluded from the air; this presents no difficulty to its use, for a penful is sufficient to write a couple of quarto pages. It flows much more freely than ordinary ink, does not embarrass the pen with insoluble matter, and resists chemical agents in such a way as to merit the title of indelible ink."

"*Chlorine, as an Antidote to Hydrocyanic Acid.*—The following experiment was related by M. Dauvergne to M. Gay Lussac, describing an experiment made by himself and M. Siméon. Two drops of hydrocyanic acid were put into the end of a glass tube, and introduced into the lachrymal gland of a cat: contractions immediately came on, followed by strong tetanic convulsions; an abundant salivation took place, producing, throughout, hard breathing, a thick white froth. The pulsations of the heart were quick, irregular, and extensive, as if each were the last effort of life. Inspiration was difficult and painful; expiration frequent, prompt, and forcible. Notwithstanding this desperate state of the animal, M. Siméon was induced, from his previous knowledge, to expect good effects from the use of chlorine, and therefore introduced a considerable quantity into the mouth; the salivation in consequence ceased, the respiration became easy, the circulation less forced and rapid. The animal now raised its head, which before it could not do; put out its tongue, and scented the chlorine as if it took pleasure in respiring a salutary and agreeable atmosphere. In this manner the symptoms gradually diminished, but as yet the cat could not stand up. Being exposed to the open air for a few minutes, it voided a large quantity of feces, gradually rose on its feet, and made a few tottering steps: this was in one hour after the poisoning. At the end of two hours, traces of the event were scarcely visible; and the next morning the cat ate, drank, and walked, as if in perfect health.—no signs of the effect of the previous day remaining."

"*Forest Sound, after Death.*—M. Magnault states that, in experiments made with the larynxian tube, he had occasion to observe a phenomenon noticed by M. Dutrochet, namely, that when air was forcibly thrown into the lungs of a dead infant, or animal, the air, when thrown out again through the larynx, produced a sound ana-

logous to that produced by the infant or animal in the living state."

*Effects of Cold on New born Children.*—“Dr. Trevisan has been making researches in Italy, principally at Castel-Franco, analogous to those of MM. Villermé and Milne Edwards, in France. The conclusions at which he arrives are—I. In Italy, of 100 infants, born in December, January, and February, 66 died in the first month, 15 in the course of the year, and 19 survived; II. Of 100 born in spring, 48 survive the first year; 111. Of 100 born in summer, 83 survive the first year; 1V. Of 100 born in autumn, 58 survive the first twelve months. He attributes this mortality of the infants solely to the practice of exposing them to cold air a few days after their birth for the purpose of having them baptised at the church. As well as MM. Milne Edwards and Villermé, Dr. Trevisan calls the attention of the ecclesiastical authority to measures suited to put a stop to such disasters without violating the precepts or practices of religion.”

#### PATENT MEDICINE DUTIES AND INFORMERS.

*To the Editor of THE LANCET.*

SIR,—In accordance with the promise I gave you in my last, I now proceed to make a few observations on the “Medicine Stamp Act.”

When an informer lays an information, the worthy clerks of the Stamp Office question him as to his name and address, but in a manner which, it is at once convincing enough to the hearer, there is little occasion for. When they make out a “good case,” the plan pursued is, to summon the offender to the Court of Exchequer, on such a day, where he is to attend with his solicitor to defend the action, viz., “the Attorney General *versus* Yourself, under a fine of £100.” This, Sir, is the puffing summons sent by the Solicitor of Stamps; puffing it may well be called, for it is never put into effect; it acts merely as an organ of terror to the affrighted defendant. Thus do these precious worthies bully and bluster. The defendant, thinking it would be madness to defend an action where the Attorney General is plaintiff, petitions the Commissioners of Stamps for a mitigation of the penalty, (£10), which he almost invariably obtains, to 2s.

The following are some of the articles which must bear a stamp:—

1. All patent medicines, numbering 553,\* and the apothecary may not sell any small

quantity (though not of the original article) under the patent name, without a stamp.

2. No article must be vended to which is prefixed a label describing it to be a specific for any disease, provided the person so vending pretends to any secret science of preparing the same.

3. All lozenges sold with an intent to relieve pain, or remove any malady, excepting ginger and peppermint lozenges; but not those if they are recommended as specifics. All other articles of confectionary may be sold.

4. “The water clause.”—Soda, Seidlitz water, and powders, and indeed any effervescing draught or powder, sold under whatsoever name, or mixed in whatsoever manner.—This is the quibbling clause. An informer comes into your shop, and requests you to make him a dozen soda powders; on your proceeding to stamp them, he objects to it, and begins cursing the Government and stamps altogether, and swears he will not pay threepence for a stamp. I have known an apothecary, ignorant of this quibble, request permission to add a small quantity of magnesia to each powder, supposing this to take off the liability; after a little parleying the informer submits to this, and away he goes and lays an information.

Another quibble is that of coming into the shop and requesting you to give him a quantity of carbonated soda and water; when he has stirred a portion of the soda in the water, he asks for a little tartaric acid to make it pleasant. Having drunk this, the villain runs off to the Stamp Office, and swears you have sold him soda water.

There are many other quibbles which the apothecary must be aware of. I caution every one to be extremely watchful, for informers are ever on the alert. A plan for remedying these evils I will submit for your inspection next week, and am, Sir,

Yours truly,

J. F. C.

#### IMPROVED TOOTH FORCEPS.

*To the Editor of THE LANCET.*

Derby, July 10th, 1829.

SIR,—I transmit to you a description of a pair of tooth forceps, which I had made some time since, and which have completely answered to my satisfaction. Should you think it of sufficient importance to be communicated to the public, I shall be much obliged by the following paper being inserted in your valuable Journal.

I am, Sir, yours respectfully,

DOUGLAS FOX.

\* This list may be purchased at Shaw's.

During several years, I have paid considerable attention to the various instruments employed to extract teeth, and have, like most others, come to the conclusion, that there are but two which can, in ordinary cases, be used with satisfaction, namely, the key and the forceps. I have long been convinced, the forceps employed by Mr. Cartwright must be considered the most elegant instrument by which the molars can be removed, but I am well aware very few persons are able to make use of them, in their present form, in an expert manner; it is only in the powerful and skilful hand of such an operator as Cartwright that teeth can be extracted by them with advantage to the patient, or satisfaction to the operator. This I consider does not arise from the principle of the instrument being incorrect, but from the difficulty of holding firmly the handles of the forceps when much exertion is necessary, and also from the power of the hand and arm not being employed in the most advantageous manner. I flatter myself the instrument I am about to describe will entirely obviate the difficulties hitherto experienced in using Cartwright's forceps. I have for some time used it, and consider it embraces the various properties required in an instrument intended to extract the molars.

Before describing the forceps in question, I beg to make a few remarks relative to the properties of the common key and the forceps. The key is doubtless an instrument which will, in many instances, extract a tooth with greater expedition than any other, and frequently with as much elegance, but from the nature of its action it has two very great imperfections attendant upon it, the first of which is, the occasional tearing away a considerable portion of the alveolar process, either with the tooth, or so that it is obliged to be afterwards removed; the second is, that when the tooth has been nearly extracted, it is not unfrequently necessary to finish the operation by the forceps, which arises from the tooth not being completely removed after having turned the key as far as is practicable, and this will often be the case, although the tooth is severed from the jaw as much as possible by the operator during the time the rotary motion is given. These are the two grand objections against the key, the former of which scarcely ever occurs, the latter never, with the forceps. If the points of the forceps are not too sharp, and if they are applied a little beyond the body of the tooth, there will not be a greater chance of breaking the tooth than with the key. The principal advantages which the forceps possess over the key are these, the tooth is extracted in a more perpendicular direction, which prevents the alveolar process being much injured; the tooth is ex-

tracted by them without the assistance of any other instrument. After the gum has been lanced, they are applied to the tooth with much greater facility, and are much less apt to slip from the tooth during the operation than the key.

The instrument which I recommend is this, that instead of forceps having the curved handles of Cartwright's instrument, they should have them as nearly straight as possible, so that they will admit a spring to be placed between them, as is generally done, to keep the points of the instrument asunder, before their application to a tooth; that at the end of each handle a cross handle should be fixed at right angles, something in the form of the letter T; each of these cross handles should be similar to half the handle of the key instrument, so that when the two handles on the forceps are grasped by the operator, they may be used like that of the common key. By this alteration, the full power of the hand and arm may be exerted, without the fear of the instrument slipping in the operator's hand; it also gives greater and steadier power in using the forceps as a lever, in the latter part of the operation. The parts of the instrument which grasp the tooth should be similar to Cartwright's, from which to the rivet should be one inch and a half, and from the rivet to the other extremity four inches and a half. The parts of the instrument last named should not have any sharp edges left, otherwise the operator's fingers would be hurt when much exertion is made. The cross handles may be either permanently fixed, or made to take off for the convenience of carrying them; this may be effected in a similar manner to the key instrument, or according to the fancy of the maker.

In using the forceps, they should be applied just upon the origin of the fangs; then grasp the handles of the forceps with the right hand, exactly as would be done with the key; at the same time, hold the instrument between the fingers and thumb of the left hand, as near the patient's mouth as possible. Where the case admits of it, it is well to rest one or two fingers of this hand on the patient's front teeth; having done thus much, give a rotatory motion to the instrument, as if the key were made use of, only not to the same extent; let it be sufficient to enable the operator to feel that the tooth is moved in the jaw; then reverse the action, so as to move the tooth in the opposite direction, and still further to detach it, having, by these means, loosened the tooth, extract it perpendicularly from the jaw, by using the forceps as a lever, making the fingers and thumb of the left hand the fulcrum. This mode of using the forceps is, I believe, that generally recommended.

## THE LANCET.

*London, Saturday, July 25, 1829.*

SOME documents, explanatory of the contention between the Council of the Royal College of Surgeons, and the medical officers of the Western Hospital, will be found at page 533 of this day's LANCET. The College, it appears, refused to recognise the certificates of attendance on the surgical practice of the latter Institution. Mr. Sleigh, the senior surgeon, believing this to be an act of injustice and oppression on the part of the Council, has presented a petition to the King, praying for his Majesty's interference. Previous to entering into a consideration of the merits of the question between the belligerents, it may be of importance to look back to the relative position of the parties in the year 1824, when the College, with its characteristic liberality, declared that it would receive no certificates of attendance on anatomical and surgical lectures, unless the school, in which they were delivered, was acknowledged or approved by the medical establishment of one of the seven great London Hospitals. At that period, Mr. Sleigh formed a school of surgery near St. George's Hospital, and as the medical establishment of that Hospital would not recognise or acknowledge his theatre, the College refused to receive his certificates. At length, however, the worthy Council, dreading publicity, yielded, and Mr. Sleigh became one of the recognised teachers. During the contest, this gentleman was loud in his denunciations against the College, but after the recognition of his testimonials, we heard little or nothing of his opposition; he did not attend the Surgical Reform Meeting in 1826, at the Freemasons' Tavern; he did not sign the Surgeons' Petition to the Legislature, praying for the abrogation of the College Charter; and in truth, we have every reason to be-

lieve that he was well pleased to participate in the advantages, though small, of a most famous monopoly. Mr. Sleigh, we are sorry to say, in thus conducting himself, did not stand alone, for there were several other private teachers who were equally vociferous against the vile regulations promulgated by the Council, until their lectures were recognised, when *their* hostility also was at an end. We do not mention these circumstances with any invidious feelings, because we entertain great respect for the talents and industry of many of these gentlemen; but we think it right to make them known to the profession, as the reader can scarcely form a correct estimate of the conduct of the Council unless that of its opponents be also taken into consideration. Besides, if the past treatment of the profession by the Council, will permit us to form any correct notion of what its conduct will be under future circumstances, we may probably form a tolerably correct conjecture of what will be the future behaviour of some of the opponents of the College, if they be again influenced by motives similar to those by which their actions were governed on former occasions. Mr. Sleigh, then, having obtained the recognition of his certificates, was lost to the surgical reformers, and we heard little of him for a long time, except in connexion with some squabbles at St. George's Hospital. In one instance, (Hammond's case,) he took part with the public against one or two of the surgeons of St. George's Hospital, and on two occasions he tried to obtain the office of assistant surgeon in that Hospital. Failing of success on both of these occasions, and labouring under an impression that he had been treacherously dealt with on the last, he was disappointed and enraged, and vowed he would start an "OPPOSITION HOSPITAL." Mr. Sleigh, with his usual industry, immediately set to work, mustered his friends, and selected Nutsford Place, near Bryanstone Square, as the

theatre for his grand undertaking. The intended charity was advertised; Lords, Dowerers, and Old maids, who seldom forego such an opportunity of displaying their names in print, forwarded their subscriptions; carpenters and bricklayers were put into requisition, and, as if at the stroke of an enchanter's wand, a hospital, capable of containing "one hundred beds," suddenly arose to the astonished view of the natives. It was opened for the reception of patients in August, one thousand eight hundred and twenty-seven. Subsequently, his Majesty and the Duke of Sussex and Gloucester, became patrons, the Duke of Wellington, president, and it is now supported by a large body of the nobility. Since the institution was first opened, the wards, we understand, have been much better constructed for ventilation, and the building has been enlarged, so as to render it capable of containing from one hundred and sixty, to one hundred and seventy beds, and it would appear that the Institution is firmly established. Mr. Sleigh continues his lectures on anatomy and surgery, either in or contiguous to the Hospital, certificates of which are still recognised at the College. About twelve months back, he applied to the Council to obtain a similar recognition for the certificates of attendance on the surgical practice of his Hospital, but this was refused. He has renewed his application from time to time, but with no better success. A short time since, the College appointed a deputation from their body to inspect the Hospital. The gentlemen selected for this mission, were Mr. Samuel Cooper, Mr. Copeland, and Mr. Andrews. After they had furnished the College with their report of the capacity and condition of the Hospital, the Council still persisted in refusing to recognise certificates of attendance on its surgical practice. Under these circumstances, Mr. Sleigh has thought it his duty not only to publish a "statement" on the subject for the information

of the profession, but he has also presented a petition to the King, praying his "Majesty's protection to shield him from that arbitrary body," the Council of the College. We have inserted both documents at length. Mr. Sleigh's petition was dated June 29th, and, on the 3d of July, he was coolly informed by Mr. William Peel, that it had been laid before the King, and had been referred by his Majesty's command to the Royal College of Surgeons, where his Majesty, of course, had good reasons for believing his petitioner would find nothing but impartial justice. Agreeably with an advertisement which appeared on the cover of this Journal last week, and a letter addressed to the members of the profession, inviting them to visit the Hospital, "that by recording their impartial opinion, the illiberal attempts now making by the Council of the College of Surgeons to crush the Hospital might be counteracted," a public meeting of the profession was held at the Hospital on Monday last, when there were present from seventy to eighty gentlemen, who, after having carefully inspected the establishment, unanimously adopted a resolution to the following effect:—

"Resolved,—That this meeting, having carefully inspected the whole of this building, do consider it as to situation, ventilation, arrangement of the beds, number of windows, size of the wards, areas, water-closets, and other conveniences, perfectly well adapted for all the purposes of an hospital, for the accommodation of at least one hundred patients."

The Council, notwithstanding the whole of these measures, and the unfavourable light in which their conduct is viewed by the profession at large, remains intransigent. The foregoing is a faithful account of the facts connected with these transactions. A few remarks are necessary.

Had Mr. Sleigh continued steady in supporting the cause of surgical reform, his claims on the Council, on the present occasion, would have been backed by the whole profession—a profession which most com-

dially and sincerely hates the despicable oligarchy by which it has been so long oppressed and degraded. If the members generally, therefore, look upon this contest with indifference, the fault rests alone with Mr. Sleigh, whose opposition terminated with the recognition of his certificates. But is the system upon which Mr. Sleigh would act, at all purer, or more free from objection than that by which the decision of the College is governed? What says Mr. Sleigh in his "statement"? He writes thus:—"In conformity with this regulation, (the hospital clause,) they (the Council) have nominated, or what they term recognised, certain metropolitan hospitals, all of which have, up to this period, in every instance, been held by members of the Council themselves, so that *the members of the Council derive, VERY PROPERLY, by the attendance of pupils at these their hospitals, CONSIDERABLE EMOLUMENTS.*" 'Sdeath! What have we here? Surely this is not the language of Mr. Sleigh. But let us go back for a moment. Does not the reader recollect the advertisements which have, from time to time, appeared in THE LANCET, respecting the surgical practice of the Western Hospital? Has it not been again and again announced by Mr. Sleigh himself, that the attendance on the surgical practice of his hospital is FREE? And is this the man to tell us that the members of the Council derive, "*very properly, by the attendance of pupils at their hospital, considerable emoluments!*" Shame; shame, Mr. Sleigh. You must have been dreaming; or, are we to understand by this confession of yours, that the moment your hospital certificates are recognised, you also *then* to derive, "*very properly, considerable emoluments, by the attendance of pupils*" at your hospital, the Royal Western Hospital, the *real* hospital? Bad enough is it for any surgeon to derive "*considerable emolument*" by indirect means, from any public institution; but it is an infa-

mous principle that would sanction the members of the Council in pocketing at their own hospitals, fees extorted from impoverished students. But thus it is; the same individuals are the surgeons of our hospitals, the lecturers on anatomy and surgery, and the councillors of our College. Hence, in their latter capacity, these right worthy and disinterested beings, very complacently and unwearily, frame regulations for their own exclusive benefit. Sir Astley Cooper, Mr. Abernethy, and Bobby Keate, of the College, say to Sir Astley Cooper, Mr. Abernethy, and Bobby Keate, of Guy's, Bartholomew's, and St. George's Hospitals, "We have taken care of you; we will take no certificates but yours; you shall get all the fees; we have entirely 'done up' the country hospitals, by requiring from their officers certificates of "four years' attendance." Thus these gentry pocket the fees paid for the surgical practice, the fees paid for the dresserships, amounting to about three hundred pounds a year to each surgeon, the fees paid for the anatomical demonstrations, the fees paid for anatomical lectures, the fees paid for the surgical lectures, and, lastly, they pocket the fee of twenty-two guineas for the diploma;—and this is what Mr. Sleigh calls "*considerable emoluments, very properly derived.*" If this be his *real* opinion, we sincerely hope that the College will never recognise his certificates; because, were they to do so, the purposes to which the Royal Western Hospital would soon be converted, are but too obvious. Has not Mr. Sleigh enough of sagacity to discover, that the very system which he applauds, has led to the non-recognition of his Hospital? If the members of the Council did not pocket the fees of the surgical students at the other hospitals, would they object to an acknowledgment of the certificates from his? Strange blindness. But let us direct attention to the College for a moment. When will these men arrive at the termination of their

dirty course? Are they still resolved to outrage the feelings of the profession, and bid defiance to public opinion? Or are they foolish enough to believe, that because they have elected into their body two or three gentlemen of splendid talents and unbending integrity, the profession generally will not detect the real character of their proceedings? They may deceive themselves, but they cannot deceive others. We should like much to hear the reasons stated, for the recognition of the certificates of the *Westminster* Hospital, and the reasons for the refusal of the certificates of the Western. The Western Hospital contains upwards of one hundred patients, while the Westminster Hospital contains only eighty-two.—The former is situated in a much more healthy neighbourhood, it is a much cleaner hospital, and it is infinitely better ventilated. Besides, although the Westminster Hospital contains eighty-two beds, it is a notorious fact, that of those beds only forty are appropriated to surgical patients, and the surgeons' pupils are restricted from attending the other patients belonging to the other forty-two beds, unless they pay a separate fee of some twenty or five-and-twenty pounds to the physicians; and this is denominated the *medical practice*. Thus then the mere surgeons' pupil, at the Westminster, has the opportunity of attending forty patients only, while the surgeons' pupil of the Western Hospital has the privilege of attending upwards of one hundred patients, and that without fee, for at this latter institution, the whole of the practice, that is, both medical and surgical wards, is *free* both to surgical and to medical students. The objection, therefore, to the Western Hospital, cannot be found either in its size, its accommodations, or in the number of its patients. The inquiry, then, must be extended, and attention is naturally directed to the officers. But we are equally at a loss to discover any ground of objection on the score of incapacity

in the surgeons of the Western, as it cannot be denied that Mr. Sleigh is at least equal in talent to Messrs. Lynn, Carlisle, and Guthrie; and if we turn to other hospitals, we may say, equal to Messrs. Headington, Blizard, Andrews, Hawkins, Mayo, Joe Burns, and Bransby Cooper. But Mr. Sleigh labours under the great disadvantage of having neither uncle nor cousin in the College to push his interests. He is not one of the favoured tribe, but a man who has committed the sin, in the eyes of the College, of having made his way in the world by his talents and industry. The four surgeons of the Westminster—to sit in judgment on the claims of a surgeon belonging to a rival school! Will the profession tamely submit to this tyranny, or will the members arise from their lethargy, and force their wrongs upon the attention of the legislature? Reform *must* come, but it must come from without. The Council will never reform itself. The abrogation of the Charter is the only remedy, and that cannot be obtained, unless by the interference of Parliament.

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THE reports of operations performed at Guy's Hospital, inserted in this week's *LANCET*, merit attention.

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## ROYAL WESTERN HOSPITAL.

### Statement.

"IN 1827, I established on my own responsibility, to the amount of some thousands of pounds, the Royal Western Hospital: the necessity for which, and the good it has already done, the annexed documents testify.

The Council of the Royal College of Surgeons in London, have a law relative to the qualifications of candidates for their diploma—that the surgical practice of an hospital will be received by them, provided such hospital contains at least a hundred patients. In conformity with this regulation they have nominated, or what they termed recognised, certain Metropolitan Hospitals, all of which have, up to this

period, in every instance, been held by Members of the Council themselves, so that the Members of the Council derive, very properly, by the attendance of pupils at these their hospitals, considerable emoluments. Hitherto no hospital in this metropolis, except those just alluded to, until the Royal Western Hospital was established, could require, as coming within that regulation, the recognition of the Council.

I do not complain of the nature of this regulation, as I consider it a very judicious one; but I complain of the want of common justice on the part of the Council, in violating the promise implied in that regulation, for relying on it, and on the verbal declaration to the same effect, of many of the Council individually.\* I felt confidence in undertaking the vast responsibility of establishing this hospital. For be it observed, that although it has been certified to the Council on oath that this hospital contains upwards of a hundred patients, thus coming within that regulation; and although various documents relative to the nature of the institution, the vast good it has done, and is doing, have been laid before them, yet they continue, to my great disadvantage, and to the great prejudice and injury of the hospital, after repeated solicitation, to refuse to recognise it, and that without assigning any reason whatever.

They must be influenced either by public or private considerations, if by the former, they can justify their conduct only by saying either—1st. That the hospital does not come within their regulation—or, 2d. That its surgeons are not competent—or, 3rdly, That it is not calculated to do good.

The first is disproved by the affidavit before alluded to; and that it even exceeds in opportunities for the acquirement of professional knowledge, some of those their favoured hospitals, is proved by the fact that the Westminster Hospital does not contain a hundred beds, hence does not come within the spirit nor the letter of their law; yet it is recognised—its four surgeons are members of the Council.

The second is disproved by the fact, that all the surgeons of the Royal Western Hospital are members of their own College, and the senior surgeon not only a member since 1816, but for many years one of their recognised lecturers on anatomy and surgery.

The third is disproved by the following facts:—1st. That it has done, and is doing, immense good to the poor, in a neighbourhood that imperatively required it, the testimony of the rector of the parish—the Rev. Dr. Dibdin, proves.

That it is admirably constructed for ventilation, and that it is well situated, are proved by the successful issue of almost all the diseases that have been treated in it, and by the very respectable testimony of the Rev. Dr. Fawcett.

Having stated these facts, it does not become me to say what has influenced the Council in their decision; and although I have reflected upon the Council as a body, yet I know there are several members of it who disapprove of the proceeding: e.g. this day (June 22, 1829) Mr. Copland, who is one of the Council, and who was deputed by them to inspect this hospital, stated to me, in the presence of Mr. Truman, my colleague, 'that he could see no reason for their not recognising it, and for his part he thought they ought to do so.'

W. W. SLEIGH.

Upwards of four thousand patients have been relieved since it was opened in the latter end of 1827."

#### PETITION TO THE KING,

"May it please your Majesty,

Your Majesty's humble petitioner, yielding to no man in sincerity of affection, of fidelity, and of attachment to your Majesty's person and government, presumes to approach your Majesty's throne.

A few surgeons obtained from your Majesty's royal parent, in 1800, a charter, under the term of the 'Royal College of Surgeons in London,' for the purpose of promoting science, rendering impartial justice to its members, and protecting your Majesty's subjects against empiricism. This charter has not as yet been ratified by act of Parliament. The successors to the above persons, amounting to twenty-one, have formed themselves into a council, amenable neither to the members at large, nor to any of your Majesty's courts of justice—capable of making what laws best suit their own interest; thus presenting a ruling body, as equally inconsistent with the spirit of their charter as with the glorious principles of the British constitution.

Your Majesty's petitioner, encouraged by and relying on the promise implied in the following regulation of the Council, 'That an hospital, containing one hundred patients, should be recognised by them,' established, in 1827, on his own individual responsibility, to the amount of several thousands of pounds, the Royal Western Hospital, in a part of this metropolis which, according to the testimony of the Rector of the parish,\* was totally destitute of such an

\* Particularly Sir Astley Cooper, Mr. Abernethy, Sir Anthony Carlisle, and Mr. Lyan.

\* Wyndham Place, March 20th, 1829.—I beg leave to state, that the Royal Western Hospital, Bryanstone Square, has, since it

institution, and which has, according to the same testimony, already relieved several thousand destitute sick. Hitherto no hospital in this metropolis, except those to which the members of the Council themselves belong, until the Royal Western was established, could require, as coming within that regulation, the recognition of the Council; so that the members of the Council derive, by the attendance of pupils at these *their hospitals*, considerable emoluments.

They have been repeatedly solicited to recognise this hospital as coming within their regulation, yet they refuse to do so, and that *without assigning any reason whatever*; thus endeavouring to crush the humble exertions, in the cause of science and of humanity, of your Majesty's petitioner.

And this course they adopt while they recognise a hospital which does not contain a hundred beds, hence does not come within either the spirit or letter of their law; but its four surgeons are members of the Council. Although your Majesty's petitioner has reflected on the Council as a body, yet he has reason to believe, that Sir A. Cooper, Sir W. Blizard, Mr. Abernethy, and Mr. Copeland, do not approve of this act of injustice, indeed the last of these, who was deputed by them to inspect this hospital, stated, 'that he could see no reason for their not recognising it, and for his part he thought they ought to do so.'

Your Majesty's petitioner having in vain appealed to their laws, honour, justice, and charter, now most humbly implores your Majesty's protection, by shielding him from an arbitrary body, who, actuated by selfish views, amenable to none but to your Majesty, and equally regardless of the principles of common justice, as of the spirit of their charter, endeavour to crush the humble exertions of your Majesty's petitioner, who will ever pray, as in duty bound, &c.

W. W. SLEIGN.

June 29, 1829.

Whitehall, July 3, 1829.

SIR,—I am directed, by Mr. Secretary Peel, to inform you, that your petition, relative to the Royal Western Hospital, has been laid before the King, and is referred, by his Majesty's command, to the Royal College of Surgeons.

WILLIAM PEELE.

was opened in 1827, rendered essential service to the poor of this district, which before then had been totally destitute of such an institution. It has already relieved upwards of *three thousand five hundred*. I cannot but consider it peculiarly deserving of every support.

THOS. FROGNALL DIEDIN, D.D.

Rector of St. Mary's, Bryanstone Square.

# PHYSIOLOGY OF THE BRAIN.

To the Editor of THE LANCET.

SIR,—So many communications have appeared in your Journal, on the physiology of the brain, and on the relation it bears to the mind, &c., that it may seem unnecessary to devote another of its valuable columns to the subject; but, as nothing like a satisfactory adjustment of the question has been effected, I hope you will not oppose your influence to its free discussion, by refusing insertion to the present article. As some of the opinions of Mr. Dermott have had no share of the notice of such of your correspondents as have pretended to answer him, and, moreover, as those neglected opinions are the opinions, the truth or falsehood of which it is most important to ascertain, to them my observations will be more especially directed. Mr. Dermott believes in the existence of a soul, but maintains, that so long as organic life continues, it remains dormant and inactive: and asserts, that nothing more than matter, i.e. brain, is necessary to account for all the corporeal and mental actions of man during his sublunary existence. But to prevent any unfairness, or misrepresentation, Mr. Dermott shall speak for himself:—"We take away the cerebrum, and we take away at once the perception, thought, and memory; we take away the cerebellum (without the cerebrum) and we take away judgment, for these actions are nothing else than the organic functions of these several parts of the brain."—"By exciting the circulation in the brain, its functions, or mental powers, are quickened."—"All the intellectual faculties are the organic functions of the cerebrum."

Now I maintain, that it is impossible for any man, who tells you in sober verity that he holds the above opinions, to be any thing else than a materialist, that is to say, he must believe in the adequacy of matter to the production of all those operations which we are accustomed to term mental, as reflection, judgment, recollection, &c., and the materialist contends for nothing more. In subversion of this part of the doctrine of Mr. Dermott, I shall endeavour to convince him of the truth of the trite position, "That matter cannot think." The arguments which have been brought forward, by the advocates of an opposite opinion, are of two kinds, the first of which runs thus—If the kidneys can secrete urine, the liver bile, &c., why may not the brain produce thought? I shall attempt to show the fallacy of this reasoning. We will suppose that an impression is made on some part of the body, from whence it is conveyed to the brain, through the medium of the intervening nerves. Very well, Now, say those acute reasoners, by this im-

pression, some peculiar and wonderful action is excited in the cerebrum, or cerebellum, or in both, and the subject of the operation thinks; that is to say, when man reflects his soul is not in any manner adjuvant to the nervous mass. Admitting that an impression made externally exerts an influence over the brain, the only possible result of such impression would be, the induction of motion in the organ, (i.e. excitement of its vessels), and the only possible result of this motion would be, the exudation or secretion of some fluid, or the removal of some part of the brain itself, or the deposition of additional substance. Matter can exist in two states only, in a state of motion and in a state of rest. In the quiescent condition, it may be said to be passive and without any influence; and when in motion, it may, to a certain extent, change the situation of surrounding matter; that is, it may, by bounding against them, throw other particles into motion, but it cannot *create* any thing. No man, I think, will object to the position, that matter is incapable of spontaneous motion. Suppose I place a ball in the middle of a room, and, by rolling another ball against it, effect a change in its position; the *immediate* cause of the change of position of the first ball is the impulse of the second, but the *remote* cause is the soul, which, desiring to move the first ball, makes use of the second, the instrument only, to effect its purpose. A man shall retire to his closet, and call to mind ideas which have, at some preceding period, engaged his attention. Now, supposing thought to be the result of some peculiar movement of the brain, how, seeing that matter is incapable of spontaneous motion, is that action of the cerebral mass established, which is necessary to the before-mentioned intellectual operation, or, in other words, to the exercise of memory? How subtle soever the adaptation or arrangement of matter might be, it is as difficult to conceive that it could produce thought, as that two and two are five, or any other impossibility. As matter, then, cannot produce that which is immaterial, and as our ideas are immaterial, it necessarily follows, that there is something else than matter, and this something I call the soul, which is eternal, is at present in some mysterious, and, to us, perfectly incomprehensible manner, connected with a tamenent of clay, but which will, hereafter, exist unshackled by all earthly bonds, and which will form what is scripturally denominated the spiritual body.

I now proceed to make a few comments on the remaining arguments which materialists adduce in favour of the doctrine of the all-sufficient power of brain, and which I have quoted from Mr. Dermott into the early part of this paper. Now, admitting

that the loss of certain portions of the brain to all appearance, renders the mental powers of the person sustaining it, imperfect, it does not, by any means, follow that such powers owe their existence to matter only. I maintain, that there is such a thing as the soul, by which I mean that principle, whatever its appellation may be, which enables man to reflect. Now, though we cannot tell what this principle is, we can tell what it is not, and every man who reflects at all must be convinced, that it is not called into existence by matter. I regard the nervous system as the medium of communication only, between the mind and things external. In order that two minds may hold communion together, it has pleased the Almighty to make two nervous systems necessary, so long, at least, as we remain on earth. I say not, that in injuries to the brain, the soul is injured too, or in any manner influenced or changed, but that the brain is thereby rendered less subservient to the uses of the soul—that the isthmus over which it passes to another soul is destroyed. To me it seems an outrage to the understanding, to conclude that if the brain be destroyed the mind is destroyed too; my own individual opinion is, that the thinking principle remains perfect and entire, and that the road alone, leading to and from this principle, is destroyed.

I have the honour to be, &c.

EDWIN FOSTER.

Leeds, Yorkshire, July 8th, 1829.

## GUY'S HOSPITAL.

### LITHOTOMY.

JULY 14. Operations having been announced for this day, at about one o'clock there was a large assemblage of pupils collected in and about the theatre of the hospital, and soon after it became crowded to excess. The first patient (labouring under symptoms of stone) was now brought into the theatre, and placed upon the operating table. His visage was immediately recognised, he having been seen similarly situated three times before;\* he was, however, improved in appearance, and his countenance bespoke a much better state of health than at either of the former periods, but was still expressive of wildness, and

\* This is the person mentioned in *The Lancet* for June 13, page 340, as having been brought in to undergo the operation of lithotomy, with symptoms of disease of the kidneys, and ulceration of the mucous membrane of the bladder, but in whom the stone could not be detected at the time.

anxiety. The patient, apparently about thirty-five years of age, was then bound for the operation, and there seemed a deal of bustle on the occasion. Surgeons, and surgeons' friends, dressers, French visitors, and interlopers, filled the space around the table—in fact, the whole foreground was occupied by one mass of animals. There was soon a general outcry throughout the gallery and upper rows—"hats off," "down heads," "dressers' heads down," was loudly vociferated from different parts of the theatre.

The sound was first passed into the bladder, and the presence of a stone having been confirmed, the sound was removed, and the grooved staff introduced, and held *in situ* by Mr. Morgan. The operator (Mr. B. Cooper) then commenced his incisions in the usual manner, and the integuments and muscles were freely and fairly divided; but there appeared a good deal of difficulty in fixing the knife in the groove of the staff; this, at last, having been effected, the latter was taken hold of, and depressing its handle, the knife was gradually carried forward into the bladder. A considerable quantity of whitish matter followed the action of the prostate and bladder, corresponding to that which Sir A. Cooper describes in his lectures as resembling mortar, (the ammoniac-magnesian phosphate,) accompanied by a highly offensive smell, perceptible at the furthest part of the theatre. The staff was now removed, and there were, in rapid succession, *three or four different kinds of forceps made use of*, in attempting to extract the stone; and these exchanged, over and over again, until the first pair had passed through the hands of the operator three times. At length the stone was grasped, but was so brittle, that it broke in pieces; several of the larger fragments were removed with the forceps, and the remainder by the assistance of the scoop, and here the operation was concluded, *not a drop of water having been injected into the bladder!*

#### EXTRACTION OF A FOREIGN BODY FROM THE BLADDER.

This patient being removed, Mr. Cooper stated that he had another operation to perform, which was on a man, who, about two months previously, had broken off a piece of a bougie in the bladder, and, said he, "it is necessary for him to undergo the operation as if for stone." The patient was, accordingly, placed on the table, and underwent the operation, which was much better performed than the preceding, but in this case also the forceps were frequently changed. Sir Astley Cooper was present during the whole of its performance. On sounding, Mr. B. Cooper exclaimed, "here

is a very large stone," but on the first introduction of the forceps, no stone could be discovered; Sir Astley, therefore, suggested the propriety of applying the hand just above the pubes, and making pressure over the region of the bladder, but still no stone could be detected. At length Sir Astley introducing the fore-finger of his left hand through the wound into the bladder, and directing it upwards, at the same time making pressure with the right extremity as before, succeeded in detecting the object of their search, which Mr. B. Cooper now removed. It was a piece of flattened bougie about three inches and a half long, having a calculous deposition about as large as the top of the little finger, encrusted on one half its length. Several other pieces were removed with the scoop, and an injection of lukewarm water, was afterwards *thrown into the bladder, to clear it from any smaller pieces.*

#### OPERATION FOR A NEW UNDER LIP.

The next operation (performed by Mr. Morgan) was for removing a cancerous lip, and forming a new one, by placing a portion of integument in its stead, and was accomplished in the following manner. The patient, an old man, being placed on the table, his head resting on a pillow, the operator standing on his right side, began by making an incision, commencing on the upper part of the chin, and extending it obliquely upwards and backwards on the left side, to a little beyond, and about an inch from, the angle of the mouth. A similar incision was then made on the opposite side, and afterwards two smaller ones, from the angle of the mouth, to meet the extremities of the former. The lip was then dissected from its attachments, and removed in toto.

To form the new lip, an incision was next made beneath the inferior maxilla; and having dissected up under the integuments, a portion of them, about the length and width of the part removed, was brought up, leaving it attached at its two ends. This integument (now forming the new lip) was retained in its situation on either side by two sutures about half an inch apart, connecting it to the upper lip, and leaving a space for the mouth. The patient was now directed to sit up, and lean his head forwards on the breast. The operator then brought the integuments on the upper part of the neck to unite with the lower edge of that which had been removed to form the lip, and introduced six sutures to keep the edges of the wound in apposition, after which the man was put to bed, and the wound dressed with lint covered with adhesive plaster.

Just before this operation, Sir Astley Cooper and Mr. Callaway were called out of the theatre, to see a young man who had been brought into the hospital with a recently lacerated wound on the inner side of the bend of the elbow-joint, which was said to have partly divided an artery; a tourniquet was applied to the arm, and immediately after the removal of the former patient, he was brought in to undergo an operation for securing the wounded vessel, which was performed by Mr. Bransby Cooper. There was now, however, such thronging and crowding round the table, and consequent impediment to a sight of the operation, (notwithstanding the cries of "shame," &c., from different parts of the theatre,) that a majority of the pupils left the theatre in disgust, and we were unable to witness a step of the operation. Sir Astley stated that the brachial artery was partially divided, and the median nerve completely so.

## ST. THOMAS'S HOSPITAL.

### ANEURISM OF THE ASCENDING AORTA.

JOHN BAINBRIDGE, a fine healthy-looking fellow, forty years of age, was admitted by Dr. Eliottson into Edward's Ward, on May the 15th, with a strongly pulsating tumour, situated on the right side of the sternum, a little below the third rib, with pain at the port, and tenderness on pressure, also extreme pain in the right shoulder, extending through the side of the neck to the right side of head. There is great difficulty of breathing, which he says has existed for twelve months, but has been much aggravated within the last three weeks, and is now so bad as to render him incapable of lying down in bed, being obliged to sleep in a semirecumbent position, and is easiest when in a sitting posture, with his head leaning forwards on a table. Complains of a sudden acute pain across the front part of chest, on attempting to stoop hastily. There is considerable distention of the veins of the neck, and of those of the superior anterior part of chest, especially over the left pectoral muscles. On applying the stethoscope, a loud cooing sound is distinguished over the whole of the anterior part of chest, on the axillary constriction, but loudest at the right middle part of sternum, and ventricular *bruit de soufflet* all over the cardiac region, but loudest in the situation of the aneurism. Has no noise in the ears, nor ever a sensation of suffocation. Pulse full and strong; bowels generally constive; tongue whitish. Ordered house physic immediately, and to be repeated daily;

*Est. of stramonium*, one grain and a half every night. Milk diet.

17. Dyspnoea not relieved, being still unable to lie down in bed; pain continues in the right side of head, neck, and the shoulder; bowels open; pulse 76, full.

19. The pain in right shoulder is diminished, but that in head and dyspnoea remains, and he complains of pain in the back, and between the shoulders. Bowels open; pulse 72, full. Venesection to a pint. The stramonium to be given twice a day.

21. Says the pain in right side of head and neck is not better; pain and tenderness of the aneurism; blood buffy and cupped; pulse full. Repeat the bleeding to sixteen ounces.

22. Less difficulty of breathing; no pain in right shoulder, but continues in that side of head and neck. Blood buffed; little cupped. Two grains of stramonium twice a day.

25. Expectorated a little blood this morning; much less pain at side of head, and little tenderness of tumour; some difficulty of breathing. Pulse 100, full, and rather hard. To be bled immediately to 16 ounces, and take tincture of digitalis 15 minims, every six hours. Omit the extract of stramonium.

26. Very little pain at side of head, none in neck, or at the tumour. Has not spit any more blood; dyspnoea relieved; bowels open; pulse 76, full and hard; tongue whitish. The bellows' sound is not so loud in the situation of the aneurism, but very strong in that of the left ventricle. The cooing sound the same as at first. Blood abstracted yesterday, buffed, but not cupped.

*Hydrocyanic acid*, two minims every six hours.

Continue the tincture of digitalis.

28. Has nearly lost all pain in the head; pulse 74, full; bowels open; no dyspnoea; tongue nearly clean.

29. Pulse 69, soft, and less full. No pain in head or chest; *bruit de soufflet*, loud in the situation of left ventricle, but not heard at the aneurism. Discontinue the tincture of foxglove. Continue the prussic acid.

June 1. Pain at right side of head has returned, and so violently, as to deprive him of sleep; tongue whitish; bowels open; pulse soft and full.

2. Could obtain no sleep on account of pain in the head and right side of neck and shoulder, pulse 78; bowels open.

*Extract of stramonium*, two grains every night.

4. Is easier, and has passed a better night. Bowels open; pulse 70, soft.

5. Slept tolerably; has nearly lost all pain in head, &c. The cooing sound continues, but ventricular *bruit de soufflet* almost gone.

*Ext. of stramonium*, two grains and a half every night.

7. Complains of some pain in the head, especially when lying down; bowels open, pulse 80; quick, and rather full.

9. Much better, sleeps tolerably, and complains only of slight headach on lying down.

*Ext. of stramonium*, three grains every night.

12. Has not any pain; bowels open; tongue clean, pulse natural.

16. Says he is quite well; has not any pain, can lie down without any difficulty, and wishes to return home.

To go out on the 19th, with medicine for three weeks, and desired to return for more medicine when this supply is finished, or at any other time, if he should feel worse.

*The following note on the above case is from Dr. Eliotson's Case Book.*

"The pain felt in the aneurism was of a stabbing and pricking character, and probably arose from inflammation around the sac, it subsided entirely under the repetitions of venesection, and the tenderness on pressure, and size of the tumour also diminished. The bellows' sound equally declined, and had probably arisen from an impediment, caused by the aneurism, to the course of the blood from the left ventricle. It ceased first in the aneurism, and was gradually heard fainter in the left ventricle, till it ceased even there, but was heard again very faintly in the latter part, the day he left the house. The pain in the right shoulder and right side of the neck and head, was probably seated in the nerves; for first, I once had a similar case, in which the pain was solely in the axilla, and the slightest touch caused exquisite suffering there, just as might be expected, had the axillary plexus been affected with neuralgia; and, secondly, this pain did not cease during the venesection, but was lessened under the use of stramonium, before bleeding was employed; and after ceasing first in the shoulder and then in the neck, it remained severe in the side of the head, till the dose of the extract of stramonium was increased to three grains. Not only he became free from pain, but could lie down perfectly well at the time he left the hospital, and it was this degree of improvement which made it impossible to prevail upon him to remain longer away from his employment and family.

"The cooing sound is not, I believe, mentioned by Laennec, or Berton, and this is the third case only in which I have heard it. In one it was so loud, as to be distinguished at a little distance from the patient by the naked ear. The termination of neither of

the cases is known, so that the exact anatomical condition which gave rise to it, has not been ascertained. In this it was independent of the aneurism, as in the other two no aneurism appeared to exist, and in all three it occurred at the action of the auricles; clearly, therefore, from obstruction at one of the auriculo-ventricular orifices; and from the sound being loudest in the right half of the cardiac region in this case, it must here have arisen from obstruction at the opening of the tricuspid valve."

July 21. Came, as desired last month, to see Dr. Eliotson, when he stated, that since leaving the hospital, he has been working (as a bargeman) day and night. Has lived quite as well as usual, drinking as much as half a pint of gin, and two or three pints of beer, or porter, daily, besides rum, &c., notwithstanding which, the tumour is less, and pulsation is diminished; has little pain and soreness on the right side of the head, and slight soreness only of the neck and shoulder. Can lie down flat in his bed without any difficulty. The bellows' sound heard only in situation of left ventricle; cooing sound as before. Pulse full, frequent, and not easy of compression. Ordered venesection to a pint; to continue his medicine, and advised to abstain from animal food, and to drink water only.

## WESTMINSTER HOSPITAL.

### PARALYSIS OF THE LOWER LIMBS.

THOMAS STROPPARD, 46 years old, admitted under Sir G. Turbill, 26 Nov. 1828, with paralysis of the lower limbs. He is a stout man, of mean stature, and has been several years employed as a coal-porter. He states that, except an irreducible hernia, which he has had for twenty years, he has enjoyed an uninterrupted state of good health till about a fortnight ago, when he was attacked with pain in the hips and loins, with an inability to lift up his legs in walking; this has gradually increased, and at present he is unable to stand. The following is prescribed,—

*Castor oil*, an ounce;

*Balsam of Peru*, 20 minims. *Mix.*

to be taken every morning; a seton to be inserted into the neck; and a blister to be applied the whole length of the spine.

Dec. 12. His intellectual functions are unimpaired, the sight of the right eye not so perfect as that of the left, the other senses, and the general sensibility, unaffected, appetite good; digestion apparently vigorous on most occasions, but flatulency now and then occurs; respiration natural;

pulse 66, rather feeble, regular; speech indistinct. He cannot bend his left leg on his pelvis, and has very little more power over the right; muscles generally lax. He voids two quarts of urine in the day, at short intervals of from half an hour to two hours; habit of bowels costive; evacuations of a deep yellow hue, indicating a liberal secretion of bile; extremely restless. Cupped on the loins to eight ounces, a Dover's powder to be taken nightly, and the balsam of Peru to be omitted from his morning draught; a hot mustard pediluvium every evening, and a strict antiphlogistic regimen to be observed.

14. His bowels are sufficiently free; he is very restless at night; pulse occasionally rapid. To be cupped again on the back to six ounces. The patient's appetite for food is extremely urgent, provoking him to constant solicitations, which are not complied with, and he is restricted to mere "low diet." Experiences frequent shooting pains in the legs.

20. Has acquired a considerable accession of pain in the legs and thighs; the abstinence plan still rigidly pursued, and the remedial agents applied assiduously.

January 14, 1829. The general health perfectly good; slight emaciation is perceptible, the effect of the system adopted; the use of his limbs so perfectly restored that he can march with the greatest precision. Made an out-patient.

#### OPERATION OF LITHOTOMY ON A CHILD.

Michael Atherton, ætat. three, a sickly, strumous boy, who had suffered for three months from stone in the bladder, was admitted, Saturday, July 4th, for the purpose of being operated upon by Mr. Anthony White. The first incision was made rather too near the raphe of the perineum; the second incision was then begun, and the operator had just penetrated the urethra, beyond the bulb, when the child made a deep inspiration; the rectum immediately filled with feces, and, being suddenly distended, came in contact with the scalpel, and was incised; a small quantity of feces escaped through the wound. The operation was completed with bistouri caché. Mr. White introduced a dossil of lint into the wound, for the purpose of plugging up the opening into the bladder. The preventing the flow of urine from the bladder, he said, for a few hours after the operation, was important, as it allowed time for the secretion of lymph in the wound, and diminished consequently the chance of mischief taking place from infiltration.

5. The little patient passed rather a feverish night; eight hours after the operation, the urine came out in a gush, and relief

was immediately experienced; the skin is now hot; tongue slightly furred; bowels scantily opened, stools green and graveolent. The following powder was prescribed by Mr. J. R. Alcock:—

*Calomel*, gr. ij.  
*Rhubarb*, gr. viij. Mix.

to be taken immediately in jelly.

7. The child has been several times seen by Mr. White, who has prescribed saline and antimonial medicine; the patient has less fever, and is very lively, amusing himself with his toys.

9. Considerable variation has occurred in the symptoms; occasional fretfulness, suddenly succeeded by cheerfulness; bowels regular to-day; the plug has come away from the wound, and was followed by a slight discharge of feces.

12. Doing well.

15. To-day the prognosis appears favourable; bowels gently open; feces of a laudable character; the urine passes entirely through the wound, which presents a granulating surface.

#### HOTEL-DIEU.

##### PAROTITIS TERMINATING IN GANGRENE.

N. MAULN, ætat. 71, a coachman, of a very robust constitution, was, in the night of the 2d of April, without any obvious cause, seized with violent pain in the right parotid region, with great headach and fever. He however continued his occupation, and indulged as usual in spirituous liquors until the 5th of April, when the parotid began to swell, and became very hot and painful. In this state he remained till the 11th of April, when he was admitted in the following condition: the tumour extended from the posterior margin of the sterno-cleido-mastoid muscle to the middle of the cheek, and from the zygomatic arch down to the angle of the lower jaw; it was very hard and painful; the skin tense, livid, and hot; the jaw could not be moved, both on account of the tension and the pain; the patient could not hear with the right ear, complained of violent headach and thirst, and was very feverish. He had thirty leeches and an emollient poultice applied over the tumour, and took barley water with nitre internally. On the following morning, the tumour was apparently in the same state and without any trace of fluctuation; the intensity of the local symptoms, however, and the age of the patient, caused M. Sanson, under whose care he was placed, to fear the occurrence of gangrene; a deep incision was accordingly made, but without giving issue to any liquid except a few drops of very dark blood. On the 16th, obscure fluctuation being felt in the middle and posterior portions of the

of it in its solid form. Instead of destroying, it frequently *preserves* parts which would inevitably slough, but for the preservative powers of this remedy. A new term is, in fact, required for the peculiar kind of influence which the nitrate of silver possesses in subduing and checking inflammation," &c. &c. To this, however, Mr. Higginbottom makes no attempt to help us, though he has had so many opportunities of observing the action and effects of the nitrate, that he might, without evincing much presumption, have suggested some term to which they were capable of being reduced. This would have been but a fair act off against the countenance which the first edition of his book gave to the error of which he now complains. Throughout that edition it was treated as a caustic.

We should have expected that the additional experience of three years would have enabled the author to treat his subject in a more philosophical manner than that in which he first imparted his views; and we should have been glad of the opportunity, through his assistance, of assigning a peculiar application of this kind a more definite station amongst the remedies for external injuries and disease, than it has yet obtained; but Mr. Higginbottom has hardly even a speculation upon the subject. He still regards his duty to be that of "simply ascertaining and stating practical facts," and is "quite at a loss to determine how the apparently simple process acts in subduing inflammatory action." We are sorry for it. Interesting as the facts he details may be, the value of the Essay would be materially increased, by any scientific deductions drawn from them.

Having noticed that which our author has not done, we shall very briefly mention the "additions and improvements" which he has made to the present edition. "It is but just to add," he observes, "that this should be regarded as a new work. The greater part of its pages are occupied by

subjects scarcely touched upon in the first edition. I had not conjectured at that time, that phlegmon, erysipelas, inveterate ulcers, &c., as well as punctured and bruised wounds, would find so easy and effectual a remedy in the nitrate of silver."

At page 149 is a chapter intitled "Burns and Scalds."

"I have found that, by slightly passing the nitrate of silver once over a burnt surface, the pain is increased for a short time, but then totally subsides, vesication appearing to be prevented; the black cuticle peels off in a few days, leaving the part well. In cases in which the cuticle has been removed, the nitrate of silver applied on the surface, induces an adherent eschar, and prevents the consequent ulceration. In cases in which a slough covers the surface, I have removed it with the scissors and forceps, and applied the nitrate of silver, and have cured them by the unadherent eschar. In one case, in which, after a burn, the part was healed over, and a considerable cicatrix formed resembling a fungus, and attended with severe pain, the nitrate of silver, applied as in external inflammation, removed all inflammation and pain."

Six cases of recent burn follow, in each of which the nitrate of silver was successfully used. In very extensive recent burns, Mr. Higginbottom says he has had no opportunity of trying it.

There is then, a case of *erysipelas* from a burn, and the following, entitled "*Hard and Painful Cicatrix after a Burn*," which we extract, as being, according to the author, "a peculiar case, almost incurable by any other means."

"Timothy Coleman, aged thirty-two, whilst in a state of intoxication, burnt his shoulder and arm very extensively. He was under the care of a surgeon, and the sore was healed in ten weeks. There still, however, remained an inflamed surface, larger than the size of the hand, over the deltoid muscle. It had the appearance of fungus cicatrised over; it was attended with so much heat and pain, as to prevent him from sleeping at night, or following his employment in the day, for thirteen weeks, even after it was said to be cured. He had used a number of remedies. His health continued good. I first saw him June 20, 1827. I applied the nitrate of silver, as in external inflammation, over the whole diseased surface. I directed the part to be exposed

and, as on the evening visit the hæmorrhage still continued, a third time,—the cold applications being still used. The following night he was pretty tranquil. On the 18th, no alteration having taken place, the patient was bled to eight ounces. On the 19th the wound was examined, and found of a healthy appearance; the source of the blood, by which the dressings were again soaked, could not be ascertained; the bottom of the wound appeared as if tumid, as though the aneurismal sac had become enlarged in that direction; the arteries of the arm were full of blood, but did not pulsate; the limb itself had its usual temperature and sensibility. The patient complained of great weakness, and slight dyspnoea; his bowels were rather costive. On the 20th, the same state continued; the bandage of the wound was again tinged with bright red blood; the dyspnoea had increased, the patient became more and more exhausted, and died in the morning of the 21st, at four o'clock, the 9th day after the operation.\*

According to *La Lancette Française*, the wound was simply dressed; compresses, with Goulard's water, and a bladder filled with ice, were placed over the tumour, and a copious bleeding was ordered, in case the pulsations increased, and dyspnoea, intense fever, &c. occurred. The patient went on favourably up to the fifth day after the operation, when a hæmorrhage of about six ounces occurred; he was bled, and the tumour was covered with ice; the hæmorrhage was arrested, but in order to prevent its recurrence, another venesection was made; in short, the patient was bled six times in the eight days† that he survived. (C. 1.)

\* Almost the whole of the latter part of this report, will be found to agree with our account, in No. 306 of THE LANCET. The following are the most essential points as they are given in the "*Clinique*," Tome iv. No. 34. p. 138:—"Vers le milieu de la journée (le 17) on s'aperçoit que le sang continue à couler: on saigne de nouveau. A la visite du soir, le sang est continu: une troisième saignée est faite. Le 18, le 19, 18, mêmes symptômes: saignée d'une seule palette. Le lendemain on examine la plaie qui offre un bel aspect. On ne découvre pas le lieu d'où sort le sang qui a imbibé les pièces de l'appareil. . . . Le 20, même état: les pièces de l'appareil sont de nouveau imbibées par un peu de sang vermeil," &c.

† It need hardly be mentioned, that as venesection was employed with the view to arrest the hæmorrhage, its very frequent repetition implies the recurrence of the hæmorrhage, which moreover corresponds with the report in the *Clinique*.

dering that he was also bled four times before the operation, and four times before his admission into the hospital, and that, lastly, twenty leeches were applied to the region of the heart, no one can be surprised at the fatal result of the operation.

The following is the result of the post-mortem examination:—The tumour was scarcely visible externally; the right arm swelled, œdematous, and covered with ecchymoses; the wound was filled with bloody sanies. The pleura contained a considerable quantity of bloody serum; the right pulmonary pleura was inflamed, and covered with layers of lymph. The posterior margin of the right lung was hepatized, very friable, but without any traces of suppuration; the left lung was healthy. The heart was double its usual size, bloodless and flaccid; the ventricles were dilated, and their parietes much thinner than usual. The aorta, from its origin to the diaphragm, was considerably dilated, and its parietes thickened; its internal membrane was uneven, of a fungoid appearance, and beset with large, dark-red, irregular patches. In many points it exhibited even erosions of a circular form, as if it were ulcerated. The cellular layer between the internal and muscular coat was changed into a very firm dark-red substance, which in some points was ossified. The innominate was much dilated, and had undergone the same morbid alteration as the aorta.\* The right subclavian, from its origin to its passage between the scapuli was dilated, and diseased in the same manner as the aorta; its parietes were greatly thickened. The aneurism was limited internally by the anterior scalenus; externally by the branches of the brachial plexus, some of which were closely adherent to the posterior paries of the sac, behind by the upper costa of the scapula, and above it extended under the sternocleidomastoid; inferiorly, it descended so far as to be in contact with the first rib. The middle portion of the sac, the rough surface of bone being covered only by coagula. The muscles, which had been compressed, were attenuated, but not altered in structure. The cavity of the sac contained no coagulum; in its anterior and posterior portion, however, there were some thin layers of fibrous matter; its parietes were found to be diseased in the same manner as the aorta; this morbid alteration abruptly ceased, within about

\* The innominate was healthy, but much dilated.—*Journ. Hebdomad.* The brachial artery and carotid were healthy; the innominate was dilated, its volume being equal to the usual size of the aorta.—*Lancette Française.*

† The tumour contained no coagulum nor fibrous deposit.—*Lancette Française.*

four lines from the ligature, the constriction of the vessel appeared not to have been very complete; in one point of the circumference of the artery a small aperture was formed, which was, however, considered to have been inadvertently made during the examination of the tumour. The internal membrane, which was partially divided by the ligature, was of a white colour, and appeared to have been very little, if at all, inflamed. The brachial artery was perfectly healthy. The portion of the axillary vein, which was lying near the ligature, was black, of a fungous appearance, and much softened. The examination of the brain and the abdominal viscera exhibited nothing of interest.

The fatal result must be ascribed to the hæmorrhage from the tumour, and the repeated venesections. The plan of treatment persevered in was, according to the French writers, warrantable, as affording, apparently, the only chance of a successful termination of the case; they also unanimously agree in bestowing the greatest praise on M. Dupuytren, for the skill with which he performed the operation.

Neither the history of the case, nor the post-mortem examination, furnishes the smallest objection against Mr. Wardrop's method of operating, the reputation of which is sufficiently established by its success in this country, and it affords us great pleasure to see that it is known and duly appreciated by continental surgeons.

## DERBY INFIRMARY.

*To the Editor of THE LANCET.*

SIR,—Having seen two letters in your widely circulated Journal, dated Derby, attacking the surgeons of this Institution or Infirmary for "Hole-and-Corner Surgery," and for propagating most egregious practical errors, I feel it my duty to call in question the facts stated by your correspondents, believing these productions to have arisen from some envious feelings, or from some personal pique, and not from matter of fact. Let me, in the first place, ask the "*Enemy to Hole-and-Corner Surgery*," when, and in what cases, was secrecy or private surgery practised in the Derby Infirmary, and whether there is an instance on record of any medical man being denied attendance at operations. Secondly, I would ask Mr. *Expositor*, who transfixed the iris in the operation for depression of the lens, and who removed a healthy testicle as a remedy for hydrocele? I deny the truth of these assertions, and beg to put your correspondents to the test. Mr. *Expositor* then speaks of the "haggling" at operations, and the

neglect of patients by the other surgeons; to this I would say, it were well if other charitable institutions had the advantage thus has of attention and skill. By inserting these few lines in your next, you will oblige a constant reader.

I am, Sir,  
Your obedient servant,  
FAIRPLAY.

Derby, July 13, 1829.

## DERBY INFIRMARY.

*To the Editor of THE LANCET.*

SIR,—Since I last had the pleasure of addressing you on the subject of disgraceful surgery, absurd theories, and neglect of duty, at a *certain infirmary*, a long letter, signed "*Scrutator*," has appeared in the columns of one of our provincial papers, in which, after speaking in terms of praise of most of our public institutions, the writer adverts to the present state of the Derby Infirmary, which he feelingly regrets to find monopolised by a body of surgeons, part of whom are possessed of narrowness of mind ill becoming a liberal profession; he then proceeds to suggest as a remedy, that the medical officers should no longer be permanent, but that an election should take place every six or seven years, the old candidates not to be eligible again for seven years, and that the number of surgeons be four, as formerly, there now being but three. He concludes his observations by saying, that all surgeons subscribing to the infirmary should have the advantage of attending the practice and operations.

Now, Sir, with respect to these suggestions, I own they would be beneficial if carried into effect, but I am convinced that though good, they may be improved. I would propose:—

1st. That an election should occur at the expiration of every three years, and that all members of the College of Surgeons whether in office or not, should be eligible candidates. The necessary consequences would be, that such abuses as unnecessary operations, pernicious doctrines, and wilful neglect of patients, would be prevented.

2dly. That there be no increase of surgeons, the house not containing more than eighty beds, some of these being occupied by physicians' patients.

3dly. That all surgeons, whether subscribers or not, should be allowed to attend the practice and operations. Is it just or liberal, let me ask, that because a member of the profession, who has a family to maintain upon a bare pittance, and cannot afford to pay annually a two guinea subscription,

should be denied the privileges of his more wealthy associates? By inserting these lines, you will greatly oblige

Your obedient servant,  
EXPOSITOR.

Derby, July 17, 1829.

#### DERBY INFIRMARY.

To the Editor of THE LANCET.

SIR,—As one of the earliest readers of THE LANCET, resident in the country, I am induced to notice a statement which appeared in a recent Number of that work, calculated to injure the character of the surgical profession, and more particularly those members of it connected with a "certain infirmary." Whether your Correspondent alludes to the surgical department of the General Hospital at Derby, or any other establishment of a similar description, he does not directly avow, but I feel confident I shall be borne out by the public belief, that indirectly his observations were intended to strike at the reputation of those fulfilling the duties of that department at the institution I have named.

I therefore undertake, in justice to those gentlemen, to declare my belief, backed by that of the great body of the charity governors, that the charges communicated to you are as unfounded in fact, as they are malicious in their intention.

I shall, therefore, conclude, by merely adding, that the gentlemen whose professional skill has been attacked, are as truly meritorious in the discharge of their official functions, as they are anxious to maintain that high character for talent and success, established at the dawn of that institution by the present physicians and senior surgeons.

I am, Sir, yours, &c.

Derby, July 18th, 1829.

REMEDY FOR THE BITE OF A MAD OR  
VENOMOUS ANIMAL.

To the Editor of THE LANCET.

SIR,—I am reminded by the appearance of several articles lately in THE LANCET, on the subject of hydrophobia, of the following bold, and as I am induced to think it, effectual remedy for the bite of a mad or venomous animal. On the promptness of its application, however, its efficacy must greatly depend. As soon as possible after

the bite has been received, let the part be cut across to a trifling extent with a knife. Upon and in the exposed part let a large pinch of gunpowder be laid, (an article to be had every where at a few minutes' notice,) and immediately exploded. Then let the wound be treated as a common burn.

Colonel Gattacre, of Gattacre Park, in Shropshire, on being bitten some years since by a dog that was most decidedly mad, instantly adopted this remedy. He is alive at this moment, and, I hope, in hearty health. I believe the suggestion was originally his own. I knew also a labouring man who was bitten by an adder, and who had recourse to it. The wound healed in a reasonable time, and showed no symptoms whatever of poisoning.

I am, Sir,  
Your obedient servant,

M.

London, July 20, 1829.

#### TO CORRESPONDENTS.

J. II. We have seen the tar-vapour employed with complete success, in several cases of pertussis. An interesting paper, by Mr. Wansborough, is republished from the Repository, at page 523 of the present LANCET. The remedy is an old one, but it is the best with which we are acquainted for this troublesome and often fatal disease.

Crito. Thanks for the newspapers. We shall be obliged to any of our country readers, who will at any time forward to us country papers containing interesting professional intelligence.

We must reply to most of our correspondents in our next. Many communications have been received since our last, which we have not now time to enumerate.

#### RECEIVED FOR REVIEW.

AN Essay on the Phrenology of the Hindoos and Negroes. By JAMES MONTGOMERY, Esq. With Strictures thereon by CORDIN THOMPSON, M.D. London. Lloyd and Co. 1829.

#### ERRATA.

Page 509, 4th col. of Table, for 1035 read 1033.

Page 509, 5th col. of Table, for 2517 read 2415.

In the same Table, after the list of "Incurables," insert "discharged as patients, but retained as workmen, &c., and turn-overs, in 1824, 63—1825, 47—1826, 53—1827, 42."

# THE LANCET.

Vol. II.]

LONDON, SATURDAY, AUGUST 1.

[1828-9.

## LECTURES

ON THE

DISEASES OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

Lecture XXXI.

*Menorrhagia.*

It sometimes happens, that women are affected with a discharge of blood from the genitals, independent of any organic disease, and this is which constitutes menorrhagia, as it is called, of which there are two varieties, the one the active and the other the passive. The active menorrhagia is, perhaps, more apt to occur in women who are robust and plethoric, and still more frequently in women who have had their nerves agitated by some domestic calamity, as the death of a near relative, for example. In this disease, you will find occasionally eruptions of blood from the uterus, more sparing or more copious, tending occasionally to observe the menstruating period, but not always, the discharge being sometimes preceded, at the first, by an unusual heat of the surface, a whiteness of the tongue, and a certain degree of hardness and frequency of the pulse, which rises, perhaps, to 100 or 110 in the minute, a slight degree of fibrilla being produced. When menorrhagia is in this manner occurring in women who possess a moderate share of strength, and have a degree of febrile excitement lurking about the system, one of the first steps to be taken, in the plethoric more especially, consists in the abstraction of blood from the arm to the amount of eight or ten ounces; or if the strength be less considerable, by means of leeches, which seem the rather to be indicated in these cases, because there is increased action of the uterine vessels. These leeches may be

applied either to the orifice of the vagina, or above the symphysis pubis, to the number of ten or twelve, three large poultices being applied afterwards, (each remaining there two hours,) for the purpose of keeping the leech orifices pervious and bleeding. If the discharge from the genitals is copious and rather alarming to the friends, (though I believe it is rarely dangerous,) cold may be applied in front and behind, just in the same manner as you would apply it in the case of miscarriage; but this is not, perhaps, usually required. Refrigerating purgatives, as nitre, for example, or sulphate of magnesia, or sulphate of soda, may be of use to diminish the hemorrhagic effort of the habit; and if there is an obstinate tendency to the increased vascular action of the system, you may then give your patient digitalis in operative quantities. Now, there are three indications by which you may know that digitalis is in action, one a sickness of the stomach, and perhaps some action of the bowels, another a change of the pulse, which becomes intermittent or irregular, and a third increase in the quantity of the urine; and whenever you find any one of these symptoms, you must watch the digitalis with care, for it is in action on the system; and we must not forget, that the remedy, though valuable, is not without its danger, and that the digitalis may accumulate, suddenly operate, and destroy. Again, in cases of this kind, I should recommend you to give diaphoretics, so as to keep up the action of the skin, and this with a view of equalising the circulation. Stimulants, as general remedies, seem decidedly improper, wine more especially, and I mention this the rather, because patients are apt to have recourse to this stimulant, red wine more especially, either because they have a reliance on its astringent properties, or because they have a great dislike to its flavour. In active menorrhagia, if the preceding remedies fail you, and the disease show no disposition to yield spontaneously, there is yet another remedy, which may be worth a trial, and that is, a gentle mercurial action; for five or six weeks together, let the gums be kept slightly sore, and by its action on the capillaries, the mercury may sometimes destroy the

morbid excitement which is existing in the small vessels of the womb.

Menorrhagia, however, is not always of the active kind, for we sometimes meet with a second form of this disease, namely, that in which you have a discharge of blood from the uterus, occurring, perhaps, largely and frequently, and this with a great reduction of strength. The patient is cold and pale, and so feeble, that she can scarcely sit up; or she is confined to her bed, and is hardly able to move herself; in short, her condition is very similar to that of a woman who has lost much blood by hemorrhoids prolapsus uteri, or repeated miscarriage; and when in conjunction with this state of system there is a drain of blood from the uterus, the case constitutes a second and more formidable variety of the disease, I mean

*Passive Menorrhagia.*—It is only in the slighter cases of passive menorrhagia, that much benefit is to be expected from tonic medicines; bark, bitters, iron, or the like; but in such cases they are not to be neglected. If the bleedings from the womb are obstinate, lead may be thought of, a remedy which, according to Haighton and Ruych, is by no means despicable; four grains of the super-acetate may be given in the course of twenty-four hours. In some cases larger quantities may be administered, and sometimes not so much; but the dose here mentioned, though powerful, may be deemed a sort of average. With every grain of lead administer a quarter of a grain of opium, forming the whole into a pill; or, if you please, you may dissolve the lead in the acetic acid and distilled water, adding a little tincture of opium, so as to form the whole into draughts. Lead, however, remember, is a dangerous remedy, if used imprudently; unless there is clear occasion for it, you will do well not to administer it at all; and when you do administer it in the larger doses now proposed, recollect that certain cautions are necessary. If the menorrhagia is checked, if the bowels are affected with colic, if you have given altogether a certain measure of the lead, say a total of two or three scruples, it is better to lay the remedy aside. I suppose you have not yet forgotten the important cautions, relating to this remedy, given at large, when we were considering together the management of those cases in which there is pregnancy, in conjunction with the eruptions of blood from the womb.

There is a third remedy not without its value in the management of these cases of passive menorrhagia—I mean, the administration of the smaller doses of mercury before mentioned, to be tried where other remedies fail. I incline to think the mercury may have a very beneficial effect; certain I am, that more than once where I have used

it, I have found the discharge suspended, when the mouth has become slightly sore; it is not a high state of salivation I am here proposing, but merely that measure of the mercury which may produce a slight uneasiness of the mouth, and some increase in the secretion of the saliva.

Again. If the menorrhagia is very pressing, if there is a discharge of the blood to such an extent that you are afraid for the life of the patient, I would advise you to make use of the plug, as in cases of miscarriage; and you may either resort to the introduction of *ergot*, or some other soft substance, into the vagina; or if your patient is too irritable to bear this, then a napkin may be applied to the genitals, and diligently held there, which may occasion the blood to remain in the vagina, and to coagulate, so that the mouth of the vessels may become closed up; such cases also are adapted to the topical use of cold to be applied to the loins or front of the abdomen, according to the rules and cautions laid down for the management of this remedy in miscarriage. There is yet another remedy, (first recommended to me by Dr. Haighton,) and which I have found of great value in the worst cases of passive menorrhagia, and that is the injection of astringents, not into the vagina, but into the uterus itself; and this has been known to succeed in cases apparently desperate, where the bleedings have been going on till the patient has been reduced to the extremest degree of weakness.

In order to give this remedy a fair trial, you ought to inject the solution yourself; you cannot trust it to nurses, and a syringe, or elastic bottle, with a long neck, similar to that here exhibited, should be used for the purpose. Simple cold water may first be used, and if this fail half a drachm of alum may be dissolved in half a pint of water, and used for the purpose; weaker solutions must be employed at first, for you must not use for the inner membrane of the womb solutions of the same strength that you would employ for the inner membrane of the vagina, unless by advancing gradually from the weaker solutions to the stronger, as the parts may bear. Twice in the day the injection may be used; one small gush, of about two tea-spoonfuls, may be thrown up, then a second, then a third, then a fourth, in succession, and so on till you have thoroughly wet the uterus, care being taken that you do not inject too forcibly, as this may tend to irritate the vessels and increase the disease. Under the use of the alum you will find, perhaps, that in the course of two or three days, a quantity of clotted blood will come away, with pains, something like the pains of parturition, and which may alarm the patient; this is nothing but the blood coagulated by the alum,

and may be regarded as rather favourable than otherwise, as it shows that the injection has been truly thrown into the womb, and that the uterus is contracting. Of the efficacy of this remedy we cannot be judges till it has been tried for some two or three weeks, and after this period, if you find that you are gaining ground on the complaint, you ought not to be dissatisfied. In passive menorrhagy, &c. not forget to nourish the patient. Whether cases ever occur in which the operation of transfusion is really necessary I know not, but the affirmative seems probable. One case I know of, in which, under this disease, the woman was sunk so low, that a further gush from the uterus destroyed her, and this, too, although on inspection there were no discoverable traces of organic disease, so that there seemed to be little doubt that transfusion might have been used with the best effect; but the remedy was not at the time well understood. On one occasion only have I myself had an opportunity of examining the uterus after death, where the patient died of menorrhagy, in this case I found the uterine cavity larger than it ought to be; I found, moreover, that the whole uterus was somewhat bigger than ordinary, as if there had been a great determination of blood upon it; and the inner membrane, which was more vascular than usual, and somewhat pulpy, appeared clearly to be unaffected, with any marked organic disease, excepting the dilatation of the capillaries. I may observe here, that although I have once only inspected the womb after death in these cases, I have repeatedly and carefully examined it during life, and sometimes I have found it of the ordinary size, and more frequently soft, more or less open, and two or three times larger than in its healthy state. These enlargements are frequently connected with preceding miscarriage.

In both forms of menorrhagy, whether the active or the passive, beware of an over activity in your practice. Most cases would, I suspect, be found to cease, sooner or later, say at the end of two, four, or six months, even if left to themselves, and as there is a reasonable hope of a spontaneous cure, though slow, there is the less necessity for having recourse to violent remedies. In medicine it is good to know when you ought to be active, and it is better still to know when you ought to be quiet.

In treating both forms of menorrhagy, to make a correct diagnosis is of the utmost importance, for bleedings from the uterus may arise, not from mere functional affection, but from organic change, pregnancy, hydatid, scirrhous, cancer, polypus, or mole. In dubious cases, it is by examination only, and by an examination deliberately, extensively, and adroitly made by those who, from

much experience, possess this small yet very useful obstetric accomplishment, that the point can be brought to a decision.—Independently, however, of these nicer investigations the diagnosis may often be effected, provided attention be not wanting. Thus, in most instances, pregnancy may be known by the usual signs—by examination made with ordinary care, and by the age of the disease as compared with the bulk of the uterus. Hydatids, not easily detected at first, may, sooner or later, be recognised by the signs of pregnancy, by sudden enlargement of the uterus, by occasional gushes of water, by the escape now and then of a delicate membranous cyst, consisting of a ruptured and detached hydatid.

Cancer of the uterus and scirrhosity, whether tubercular or diffused, is best detected by careful examination, nor is there, so far as I know, any other certain method by which it may be discovered in the more obscure cases. The mode of making these examinations was largely explained when I treated of the distinctions in this important disease.

Polypus of small size, within the cavity of the uterus, and not to be detected by the touch, may produce much pain and flooding; but, happily, these cases of difficult distinction are so rare and anomalous, that, in ordinary diagnosis, unless special considerations lead to a suspicion of them, they may be thrown out of the account. Ordinary polypi, growing from the mouth, neck of the uterus, or the vagina, may be discovered at the first touch; so also when they are in the uterus, provided the mouth is beginning to open. Rings of concreted blood, annular coagula as they may be called, sometimes formed by consolidation round the body of the polypus, may now and then demonstrate its existence.

Moles, when small and in a close situation, may not be discoverable; the diagnosis, however, is itself not common, and, when existing, may sooner or later be detected by uterine pains, by some protrusion at the mouth of the womb, and by an obvious enlargement of the bulk of the uterus. Of course we must always distinguish carefully between the active menorrhagia and the passive, and this distinction will, I conceive, be easily made by means of the diagnostic characters which have already been given of the two diseases.

Cases may now and then occur in which the diagnosis really cannot be made with certainty, in these cases it is best to treat the patient on the general antihæmorrhagic principles laid down for the management of uterine bleedings in the lectures on flooding, abstaining from all the more decided measures, until, in the progress of the case, we perceive that more light has been ad-

mitted, and that its nature may now be more clearly discovered. At this time it may become proper to investigate agalæ. One or two months may make great changes in the diagnostics.

There is an opinion abroad, that ergot has much power in checking uterine bleeding; it deserves a trial in the passive bleedings especially. Copaiva, oil of turpentine, and occasional gentle emetics, are supposed to be antimenorrhagic in these cases; they may be tried in their turns. For further hints relating to the management of the uterine bleedings, I must refer you to the method of treatment laid down for the flooding cases.

## SKETCHES

OF THE

## MEDICAL SCHOOLS OF SCOTLAND.

No. XXVI.

DR. DUNCAN.

There are few in the profession to whom the name of the learned subject of the present sketch, is not familiar, through one of the most popular volumes in medical literature, the Edinburgh New Dispensatory. As the author of one of those elementary works, through which most of us have been initiated in the mysteries of our art, he has excited a desire to be more minutely acquainted with his character, a desire as widely diffused as the profession is extended. We presume an apology, therefore, to be unnecessary, in attempting to gratify so general a curiosity, by superseding conjecture with a more substantive representation of an individual, with whose name our earliest reminiscences of "simples and compounds" are entwined, and who has been so long before the public in the arduous capacities of a multifarious writer and lecturer; on most branches of medical science. High, however, as Dr. Duncan undoubtedly stands as an author and critic, he appears to us to occupy a still more exalted situation as a functionary of "all work," in the principal medical university of Great Britain. His colleagues and electors here, we conceive, but fairly estimated the extent and variety of his attainments, in conferring on him so liberal a share of the official dignity of the institution over which they preside. The duties of professor of pharmacy, of clinical lecturer in the Royal Infirmary, of secretary to the Academic Senate, and of librarian to the University, could not be imposed on one better qualified by scientific qualification,

practical knowledge of disease, profound erudition, and college diplomacy, for their efficient performance. They have found in him, in short, an agent whose aptitude for every office in a medical school, is only equalled by the ability which he possesses for their discharge. Among the other honourable and laborious tasks imposed on him, that of opening the medical department of the University of Edinburgh has been included; a task which, from a variety of circumstances, involves in its adequate fulfilment, much difficulty and responsibility; the establishment of which he thus stands forward as the representative, demands of him a display of talent and various acquirement commensurate with its celebrity. Monro, Cullen, Black, Gregory, and many other illustrious names, who were in life its ornament, and in death its glory, are still present in their fame on those occasions, holding forth the lofty standard of their genius, by which to measure the intellect and exertion of their successors. Exclusive of the expectations of excellence naturally excited in the minds of his auditory, by associations connected with so celebrated a school, the first movement of an engine exercising so extensive an influence on the physical and intellectual condition of so great a portion of the society of these countries, is in itself an event of deep and intrinsic interest, and susceptible of the highest degree of anniversary commemoration. Few objects, indeed, are better calculated to impress the philosophic spectator with lofty emotions, than the spectacle of one of those annual convocations of youth from all parts of the world, assembled together, as if to receive the chart of their future voyage through the boundless field of science, and the difficulties of professional life, from the hands of an able and experienced pilot. The glittering armoury in which brute force arrays itself; the congregated representatives of an empire engaged in debate; and the still more imposing pageant of a national church overawing earth with the thunder of heaven, may each inspire its appropriate feelings: but to the investigator of first causes, the crucible and the lamp, those simple insignia of ever-during and advancing science, surrounded by its peaceful votaries, bring ideas of a more exalted nature, and perceptions of more lasting and extensive moral power, than all the united emblems of civil, military, and ecclesiastical sway. Nor is that department of this great engine, medicine, the least calculated to awaken our admiration. Whether we consider the immediate objects of its cultivation, or the moral revolutions which the talents and learning of its professors have from time to time accomplished, we are equally struck with the beneficence of its operation on

society. No pen, however expert at calculation, or heart, however susceptible of philanthropic feeling, could estimate or conceive the quantity of physical evil from which it relieves man; while its members, from Hippocrates to Locke, have ever been foremost in the ranks of those by whom the bulwarks of error have been broken down, and the happiness of mankind promoted. With the extent of these difficulties, and with those feelings from which excellence is sure to emanate, Dr. Duncan seems thoroughly impressed. Born, we may say, in the lap of science, and brought up under her special care—her halls his playground, and her apparatus his toys—he possesses, by birth and by pursuit, those sympathies and attributes, which peculiarly qualify him for the discharge of this important undertaking.

The occasion on which these qualities are annually manifested by Dr. Duncan, and which furnishes us with an opportunity of noticing them in detail, is marked by a sort of dreary, though imposing solemnity. One by one, a semi-somnolent multitude of students deploy into the theatre, through the sunless haze of an Edinburgh morning at eight o'clock in November, until the lecture room of pharmacy is filled to overflowing. So serious, and muffled up, looks this vast confraternity of the studious under the gray twilight of gas and the morning mist, that, if locality and chronology did not repress the illusions of the imagination, one might suppose himself thrown back into the youthful days of time, and the philosophic scenery of Perth, among a congregation of Druids, habited in their lengthy robes, and securing instructions from some Celtic bard. Soon, however, the greetings and recognitions of former friendships, which alone enliven this sombre spectacle, are interrupted by the tolling of the College bell, which, as if it had acquired a more authoritative tone during the vacation, at once fixes every feature of the multitude in an expression prophetic of the severe duties to which it is daily to summon them for the next six months. The rustling of a professor's gown is not an inappropriate accompaniment to the imperious tones of an academic bell, and the one has scarcely died away, when the other is heard sweeping along a passage which leads from the laboratory to the lecture room, and Dr. Duncan is already seen adjusting his spectacles, arranging his copious manuscripts, and by a series of trials turning, as it were, the gas lights on either side of his reading-desk into harmony with the pitch of his sight. We have seen few lecturers whose manner derives less assistance from personal advantages, than that of Dr. Duncan; or whose discourses are less indebted for effect to the artifices of delivery. Study, unre-

mitting thought, has fixed its deepest and darkest traces on a countenance divested of almost the very semblance of vitality. Every sense, feature, and motion, attests the fatigue which a life of excessive intellectual exertion has made on a constitution, apparently never robust, as if his physical organisation were unequal to support the constant exercise of the mind. Both, indeed, appear to have been unable to bear the task imposed on them, his thirst for knowledge, as with many other martyrs of science, having far exceeded his powers for its gratification. To be master of all the sciences included under the one generic title of medicine, to which he seems to have had the ambition to aspire, is more than ever was, or probably will be, accomplished by one man; or, if the attempt could succeed, the walking encyclopædia, arising out of the experiment, must be content with the worst of all sacrifices, the loss of health during life. The sunken eye, hollow cheek, and enfeebled frame, but prove too well that the enterprise has cost him the usual penalties of excessive application. But as he proceeds in his discourse, these physical imperfections of appearance and manner are soon forgotten, the splendour of an intellect still vigorously playing round the sere, blighted wreck it has made, concealing its defects like the eruptions of the volcano, irradiating the deformity of the crater they have consumed.

Dr. Duncan's subject—medical education, is happily chosen for the occasion. There is no topic in which the student is so likely to be interested, as in the account of a profession which he has adopted, the manner in which it is to be acquired, and the prospects which it unfolds. The details of this interesting theme are diffused over two or three lectures by Dr. Duncan, in a manner which leaves nothing to be desired by the inquirer after information of this kind, or by the admirer of the beauties of a simple, correct, and eloquent composition. A personal or authentic knowledge of every system of medical education pursued in Europe, has furnished him with the facts for an able defence of the curriculum of his native university; and considering the circumstances in which he is placed, his views on these points are entitled to much respect for their liberality. With the exception of that indispensable item in the creed of monopolists—the ticket system, his opinions might pass muster with the most severe disciple of the radical school. The concession of that error, however, could no more be expected from the professor of an university or college, than a sermon against tithes and pluralities by a parson. It would be impossible in these meagre outlines of character, to enter into an examination of the

nature and expediency of the system of education recommended by Dr. Duncan; but we cannot, while on the subject of liberality of opinion, omit his ideas on a point, the publication of lectures, which has been the innocent cause of so much inkshed, among the profession. At the time when this question was at its very acme of agitation in Chancery, and in Lincoln's Inn, we heard him remark in one of his introductory essays, that lectures ought not only to be published from pupils' notes, but that in order to secure accuracy, it would be justifiable to print them from the notes of different individuals.

At the conclusion of his lectures on medical education, Dr. Duncan proceeds to deliver a series of lectures, preliminary to the course on pharmacy and dietetics, and which, in our judgment, have never been excelled in Great Britain. The history, literature, and study of these branches of medical science, are illustrated by all those resources which an acquaintance with most works in foreign languages on the subject, together with an exquisite taste for selection, arrangement, and exposition, can supply. The introductory discourses to pharmacy, indeed, in which a physiological sketch of man is drawn for the purpose of placing therapeutical science on a rational basis, appears to us to be one of the ablest specimens of critical condensation we have ever heard from a professor's chair. Dr. Duncan, of course, takes his own work as the text-book of his subsequent lectures, but it would be impossible, from the perusal of that volume, to form any conception of the value of the discourses of its author. During their delivery, the attention of his audience is constantly kept awake by the treasures of a rich pharmacoeutical museum, containing specimens, drawings, and preparations, of every article of the *materia medica*; a detail of the results of his own experimental inquiries, and the production, occasionally, of his correspondence with men engaged in similar pursuits in all parts of the world. The situation which he holds, and his established celebrity as a pharmacologist, afford him great advantages in this respect, his pupils, and scientific connexions, scattered over every part of the globe, looking him the depository of their collections and discoveries, in this department of science. Hence his authentic information, on every subject of this kind, communicates to his discourses, a freshness and originality, as agreeable as if nature had opened her bureau, and become the expositor of her own mysteries.

In noticing these lectures, it would be an injustice to their author were we not to notice the improvement which he has made on the system pursued by his predecessors. Before his occupation of the chair of phar-

macy, the course was little better than a peg on which to hang a series of reflections on the practice and institutes of medicine. From this abuse he has completely relieved it, by rendering the therapeutical application of drugs secondary to a thorough investigation of their properties, as furnished by nature and prepared by art. The reformation which he has made in this department of the curriculum of the Edinburgh school, is the more commendable at a time when pharmacy was fast falling into neglect—we might say, into actual contempt—in these countries, notwithstanding the laws, regulations, apprenticeships, hall-examinations, and the Lord knows what besides, instituted for its cultivation. Out of this low, selfish, and ridiculous code of laws, a mere mercenary spirit was generated, and while labels, sign-boards, puffs, and advertisements were flourishing, the science itself was dying a natural death in the hands of its nominal professors. Whether taking their tone from the degraded state of the science in the hands of the ignorant apothecary, or from the imperfection of their own education, the surgeons and physicians participated in the guilt of its degradation. Nothing, in fact, was more common, than to hear both the old and young, among these practitioners, not only confess, but even make it a matter of boast, with how few of the articles of the *materia medica* they were in the habit of despatching their patients. Prescribing on this simple principle was, no doubt, better adapted to their ignorance and the *vis inertiae* of indolence by which they were actuated, than to their profound knowledge of the properties of medicinal agents, or their operation on the human machine. It is rather surprising, indeed, that a science which confers so many advantages on society, and communicates so much pleasure in its cultivation, should ever have fallen into disrepute; for what science brings its votaries acquainted with so many useful and interesting facts? Natural history in all its branches; chemistry in its most important applications; medical geography, embracing the peculiarities and products of every clime and soil: these are the seductive pursuits which the science of pharmacy opens to those who devote their time to its cultivation in a proper manner, and which the able lectures of Dr. Duncan are so admirably adapted to advance.

The delusion, that men occupied in deep and speculative investigations, are seldom good practical physicians, has seldom been better refuted than in the person of Dr. Duncan. Many, indeed, if not the majority of the pupils of the Royal Infirmary, ignorant of the tendency of his practice, and merely desirous of being acquainted with the routine system of treating disease, en-

tain, no doubt, a contrary opinion, and he is with them, consequently, not the favourite clinical lecturer and physician. His practice is certainly distinguished from that of his condutors in the clinical wards by some peculiarities, but they arise out of his pursuits, and are directed by the soundest judgment. It is but natural, indeed, that the practice of a physician who has devoted so much of his time to the investigation of the medicinal properties of drugs, and whose duty it is to do so, should take an experimental turn. Dr. Duncan, therefore, omits no opportunity of testing the properties of new medicines in the cure of disease, and of trying the old in cases in which they had not been hitherto employed. While such experimental practice is conducted with safety to the patient, we conceive, that instead of being discreditable to the physician, it is his duty to pursue it. There is, for example, a class of diseases for which we have no specifics, and another for which it is a matter of perfect indifference what medicines are prescribed, for they usually terminate favourably under the most opposite plans of treatment. Such cases, we conceive, are fair subjects for experiment; for while the lot of the patient remains the same, some discovery may be made, by deviating from the ordinary methods of treating his disease. There is no cant, indeed, more disgusting, even in medical cant, than that of your "practical man's" opposition to this principle of practice, by which most discoveries have been made. The animal usually denominated a "man of practice" is, in nine cases out of ten, an "egregious ass." Having so often failed on the old road, he cannot conceive that others should succeed by pursuing a different course. If his patients die, he cannot help it; he treated them according to Cooper and Thomas, and that was quite enough; the good man's conscience is safe, and he is content with his fee. He is, in short, a sceptic in the power of medicines, not because he has arrived at this conclusion through an experimental investigation of their properties, but because infidelity in their merits consorts better with his ignorance and love of ease. Let not, therefore, the "man of practice," who has no other object in view, beyond registering in his memory a few hacknied prescriptions for every day use, follow Dr. Duncan through the clinical wards, for his time will be lost: nor the pupil who has no other design than that of making the lecture a sort of mechanical contrivance for fixing in his mind the contents of Thomson's *Conspectus* for a paltry examination, enter the theatre of pharmacy; but let the student who desires to see practice conducted on scientific principles, and the subject of pharmacy taught

in a proper manner, attend Dr. Duncan, and he cannot fail of profiting by instructions which are worthy of, and should be heard only by, an audience of philosophers.

SCOTUS.

#### THE SECALE CORNUTUM IN MENORRHAGIA RUBRA.

(*Mrs. C.'s Case, continued from page 56.*)

By R. LANYON, Jun. Esq. M.R.C.S.

SINCE the details of this case were published,\* the discharge has been capricious, recurring at irregular periods and in uncertain quantities, but never to excess. Up to the morning of the 18th of May, however, it was continuous, but not profuse, for which two ounces of the infusion were taken. At night, the discharge had been arrested, notwithstanding Mrs. C. had not maintained the horizontal position. Two ounces of the infusion to be repeated at bed-time. 19th. A.M. The discharge has re-appeared, is of a florid colour, not disposed to coagulate. Two ounces of the infusion to be taken every four hours. P.M. Better; the discharge has been arrested. 20th. A.M. Slept well last night. The complaint again returned to a slight degree, merely tingling the urine. *Pergat.* The bowels are kept in a proper state by the occasional use of a laxative pill. Appetite and spirits good. P.M. Spirits depressed, and the complaint much aggravated. Antiphlogistic regimen strictly enjoined, and horizontal confinement. *Pergat.* 21st. Ordered an infusion of ergot in the proportion of ʒij. to 3viij. of boiling water; a quarter part to be taken every four hours. Pulse 80, and depressed. Thermometer in the shade, at noon, 70°. Hips, thighs, and abdomen to be sponged frequently with cold water. 22nd. Has taken two doses of the strong infusion, and is considerably better. Two ounces to be taken every five hours. 24th. A coagulum, as large as a walnut, was discharged with the urine. The first disposition towards sanguinous concentration was observed yesterday. 25th. This morning, for the first time since the accession, there has been no discharge, nor during the night. Two ounces of the infusion, morning and evening. Pulse 80, and more expanded. Thermometer 62°. Disease suspended.

There are two practical considerations deducible from the foregoing relation; first, that the secale cornutum obeys the general

\* LANCET, vol. ii. p. 56.

therapeutical law; that when medicines have been continued in the same quantities for some considerable time, they gradually become inert, therefore their doses require to be augmented. I believe that may be said of the ergot which cannot be advanced in favour of any other agent, viz., that it has a specific insular power referrible to the uterus alone, and that it does not usually prove injurious or salutary to any other organ. Mr. Michell informs us, that he swallowed eighteen drachms, in fourteen days, without inconvenience; it is, however, sometimes attended with nausea and laxity of the bowels, but does not commonly generate disease. Where it induces sickness, it may fairly be attributed to idiosyncrasy, and I think we may as fairly conclude, that the parturient state is inimical to nausea or rejection from its use, for my notes do not furnish me with one instance of the kind. The second deduction is, I conceive, equally important, that the sponging the hips and thighs, with cold water, had nothing to do with the successful issue. If the reader will be kind enough to refer to the previous history of the case, he will find that the frequent injection of cold water by the rectum, when the weather was exceedingly inclement, had no effect whatever; it is not, therefore, reasonable to suppose, that merely sponging with water, just drawn from the well, whilst the thermometer ranged from 60 to 70 degrees, could be of benefit under equally inauspicious circumstances. There is an observation, frequently reiterated by Mrs. C., which it is important to notice in this place, that if, during the exhibition of the secale cornutum, the discharge is suddenly arrested, the ergot, if continued, will renew and invariably augment it; but if, on the contrary, the hæmorrhage gradually recedes, it will be judicious, and of the utmost consequence, to continue the infusion, to prevent a relapse.

Mrs. C. has again had a return, but the ergot has again been successful. To prevent a recurrence, my patient takes daily the hip bath, with cold spring water, and her spirits and muscular power are daily improving. As I may not again have occasion to obtrude myself on the pages of *The Lancet*, on this subject, I may, perhaps, be allowed to make a few observations on the poisonous principle of the spurred rye. I am, with Mr. Michell, "at a loss to imagine why it should be ranked among the poisons. It is said to be a slow poison, producing gangrene by its continued use; but is not this the case with all vegetated grain? By keeping up a constant action of the bowels, would not malt and its produce, wort and yeast, produce the same disease? It is well known that yeast, &c., if given in

the early stages of typhus, will produce a good effect, by the excitement of the intestinal canal, but if continued, the very same excitement will cause typhus to run the sooner into gangrene, which it is always so prone to. Until, then, wort, malt, and yeast be placed among the poisons, I see no reason why the ergot should be so ranked." My friend Mr. Jewel, of Tregony, in this county, put into my hands, some time since, the inaugural dissertation of our joint friend, Dr. Philp,\* in which it is demonstrated, that considerable quantities may be swallowed without prejudice to the constitution. As far as my recollection serves me, the general consequences of his experiments were temporary derangement of the stomach, irritation and relaxation of the intestines; the patients returning to a state of health in a few hours, as if nothing had occurred. But, probably, I may be told, that it only generates disease, or becomes actually poisonous from protracted use. The lady, whose case heads this article, took a large quantity in a few months, without being poisoned! Indeed, on strict inquiry, I am informed, that the only inconvenience she felt from its use was occasional nausea, and she is now gaining strength rapidly, without the intervention of those pernicious consequences attributed to it by high authority. Dr. Mason Good, in his admirable work on medicine, treats so unfavourably of its use in different quantities, that no man of prudence, relying on his description, would venture to give it even a trial.— "When taken in such a quantity," says the doctor, "as to be poisonous, it first excites a sense of tingling or formication, and fiery heat in the extremities, where the action of the system is weakest; to this succeed cardialgia, and griping pains in the bowels, and then vertigo, an alternation of clonic and tonic spasms in different parts of the body, and mania or loss of intellect. If the quantity be something smaller than this, it excites that pestilential fever which the French denominate *mal des ardens*, and in the present work is described under the name of *pestis erythematica*; (Vol. iii. Cl. 3. Ord. 3. Gen. 4. Spec. 1.) while in a quantity still smaller, and long continued, it seems to spend itself almost entirely on the extremities, as being the weakest part of the body, and to produce that species of gangrene which is here denominated *ustulaginea*, or mildew mortification." (Vol. iii. Cl. 3. Ord. 4. Gen. 12. Spec. 2.)† The author, however, in another part of his work, after enlarging on the pernicious idiosyncrasies of certain species of fish and

\* *Dissertatio Medica Inauguralis de Clave* Se alia.

† *Study of Medicine*, vol. v. p. 54.

mushrooms, which by many individuals are harmlessly used, adds a few notes on the *secale cornutum* and the *ruta graveolens*, and in conclusion says, "But I have never seen any such mischievous consequences, and have reason to think that they have been much overrated." \* In the year 1709, one-fourth part of all the rye raised in the province of Salonia, in France, was horned, and the surgeon to the hospital of Orleans had no less than five hundred patients under his care that were disordered by eating it. They were called *ergots*, from *ergot*, the French name for horned rye, and consisted chiefly of men and boys, the number of women and girls being very small. † This sexual idiosyncrasy, if I may so call it, has not, I believe, been noticed by recent authors, and may, therefore, serve to show why it has been given very freely in this country without producing those direful consequences which have been commonly ascribed to it, viz., because females have been, for the most part, subjected to its influence; whereas males—those of the human species, who are more particularly prone to *mal des ardens* and *ustilaginea* from its adoption—have seldom, but for the sake of experiment, had recourse to it. According to the present state of our knowledge, it will rank, in the materia medica, as the only agent of benefit to the female alone; and in the male, more especially, as disposed to induce diseases of a decidedly malignant character.

Lothwichiel, July 15, 1829.

#### EXTRACTION OF CATARACT.

PROF. F. JAEGER, of Vienna, who has already distinguished himself by many improvements in ophthalmic surgery, has lately invented a new instrument, which appears to be well calculated to steady the eye during the operation for cataract; it is called by him double knife, and consists of the following pieces:—

1. Beer's knife, 13½ lines in length, and 4½ lines in its greatest breadth, with a flat handle of 3½ inches in length. In the handle there is a groove, two inches in length, closed above and below, the open portion being 10½ lines in length.

2. Another knife, of exactly the same form

and breadth, but only 12½ lines in length, closely applied to the first, and with a small cylindrical handle adapted to the above-mentioned groove, in which it is moved by means of a small knob projecting at the side.

In those cases of extraction where the globe is steady, the instrument is used as a single knife; but where the eye is forcibly turned inwards and upwards, and the operator, after having penetrated into the anterior chamber, cannot proceed without danger of wounding the upper eyelid and the surrounding parts, the operation is terminated by fixing the handle, so as to place the cornea in its usual position, and by sliding the smaller blade forwards upon the larger.

A peculiarity in the instrument is, that in some respects the operation is easier when made with the left, than with the right hand, because the knob is with less difficulty pushed on with the middle finger than with the thumb; this slight difficulty may, however, be obviated, by having an instrument made for each hand.—*Journ. für Chir. und Augenheilk.* Bd. ix., Hft. 4.

#### OUTLINE OF A PLAN, BY MR. DERMOTT, FOR PROCURING SUBJECTS FOR DISSECTION.

THE great object of attainment in any plan for procuring anatomical subjects is, to do away with the abhorrence incident to the subject, and this will be best accomplished by making the disposal of the human body a *voluntary act*. The prejudice does not exist in the higher classes of society, nor amongst professional men. I therefore propose,

That a capital be raised, the interest of which shall be appropriated as a fund for the purchase of subjects; first, by an application to government for a donation; secondly, by a sum appropriated from the funds of the College of Surgeons in London; thirdly, by voluntary contributions from the nobility and gentry.

That a committee or trustees, for managing the fund, be appointed by government, consisting of opulent and respectable men, not more than one-third of whom shall be of the medical profession.

That the committee shall be authorised to pay to such person or persons as are willing to contract for the sale of their bodies for dissection, a sum not exceeding say, seven pounds.

That the name of the party making the contract shall be duly registered, together with his or her age, station, place of residence, &c., in a book kept under the direction of the committee.

\* Study of Medicine, vol. i. page 221.

† Edin. Med. and Surg. Dict. vol. ii. art. "Secale."

That the party so disposing of his or her body, or his or her friends, shall possess the privilege of redeeming the said body, by repaying the sum advanced, with legal interest, at any time prior to the death of the party.

That every practitioner or proprietor of a medical school, have a subject transmitted to him to any part of the kingdom on application to the committee, at such a fixed price as the committee may deem proper.

That the price so paid to the committee for such a body, be added to the general income.

That the deaths in all parishes shall be registered by proper authorities in that parish; and that the names of all parties dying, whose bodies are claimable for dissection, within six hours after the death of each individual, be sent to the committee in London, proper knowledge being obtained that the death of such party was not of an irregular nature. The funeral service to be read over each body, under the superintendence of the parish authorities, previous to the transmission of the body to the committee.

I am persuaded that the project which I now propose would furnish an ample supply of bodies, which would be well known to have died by natural means, that it would do away with the temptation to murder for the corpse, (by the regular registry of every death in every parish,) and prevent the violation of the tomb.

I know many medical men who are willing to give their bodies over for dissection, to promote the interest of science; I, for one, would be willing to set the example.

With this conviction, I suggest that the profession, ~~as a whole~~, (for the purpose of giving a primary impulse to the proposed plan,) voluntarily make over their bodies for dissection to the committee, upon the condition that they are reclaimable, by paying to the funds of the committee the standard value of a subject.

Lastly, I propose that the whole of the profession do take into immediate consideration the best means of obtaining a proper supply of subjects; and that, after due notice, a public meeting be convened, a temporary committee be appointed by it, and the necessary measures had recourse to, for the purpose of duly deliberating upon, and representing to Parliament, as early as possible during its next session, the best means of ensuring a proper supply.

*Medico-Chirurgical Transactions, published by the Medical and Chirurgical Society of London. Vol. XV. London. Longman. 1829. 8vo. pp. 264.*

We remember to have read of a Dutchman, who, contending for the literary reputation of one of his countrymen, triumphantly exclaimed, by way of putting the question of pre-eminence beyond all dispute, that the author had written a book "as large and as thick as a cheese." In the estimation of Mynheer, Mr. Arnott would be regarded as the most meritorious of those who have contributed to form the present volume of the *Medico-Chirurgical Transactions*, nearly one half of the work being occupied by a dissertation from his pen, entitled,—*A Pathological Inquiry into the Secondary Effects of Inflammation of the Veins.*

The paper is divided into two parts; in the first the writer endeavours to ascertain the cause and nature of the severe constitutional affection attendant upon phlebitis; in the second, he enters into an inquiry respecting the origin of abscesses in remote situations, arising from injuries.

After citing the opinions of Hunter and others, and detailing seventeen fatal cases of phlebitis collated from various sources, the author thus states his own conclusions, as to the manner in which this disease influences the constitution:—

"That death, in cases of phlebitis, does not take place from the inflammation extending to the heart; whilst the history and character of the symptoms which precede this event, the very small portion of vein which is sometimes found to have been inflamed, and the general presence of pus in its cavity, all tend to establish, that the entrance of this fluid into the circulation is the principal cause of the alarming and fatal consequences of phlebitis, a similar influence being perhaps also possessed by any inflammatory secretion from the vein."—p. 61.

In pursuing the inquiry, as to the cause of purulent matter being sometimes deposited in parts of the body remote from one in a state of suppuration, Mr. Arnott, after observing that the fact has long been well known, and quoting the various opinions of surgical writers, says—

"The only view of the subject supported either by evidence, or argument, is that

which considers the origin of abscesses and inflammations in remote situations after injuries, as connected with the absorption into the circulation of purulent matter from a wound. That they do depend on the entrance of such fluid into the blood, the consequences which have been observed to follow phlebitis simply, sufficiently testify, and it becomes a question, whether the occurrence of phlebitis, and the passage of pus from an inflamed vein into the circulation, is not of itself sufficient to account for the secondary affections of wounds, without its being necessary to resort to an absorption of the same fluid from their suppurating surfaces.

"The secondary affections succeeding to wounds, are effusions of pus and sero-purulent fluid into the cavity of the chest, and inflammation of the pleura; similar affections of the cellular substance; effusion of pus into, and inflammation of the synovial membranes; depositions of pus and tuberculous abscesses in different organs of the body, viz. in the brain, lungs, heart, liver, spleen, and kidney."—p. 67.

Now, as all these consequences have been observed to ensue from the puncture, division, and ligation of a vein, as shown by the numerous cases related, the author wishes to establish this inference—that where similar affections have succeeded to more extensive wounds, they may have originated from the same cause, namely, inflammation of a vein or veins. On this point he remarks:—

"If such view of the subject is correct, we ought, on the one hand, in cases where the consequences already mentioned have succeeded to wounds and injuries, whether of the extremities or head, to find evidences of inflammation of the veins of the part which had been primarily or mechanically injured, and, on the other, to meet with similar secondary affections in cases where inflammation of the veins is known to be of common occurrence, as after parturition."—p. 69.

Four instances are given of secondary affections of the viscera, after injuries of the extremities; and, in these cases, there were clear evidences of inflammation of the veins having existed. In thirty-three cases, however, which are related of abscesses and inflammations occurring in the thoracic or abdominal viscera, phlebitis was only observed in two subjects, with whom there were well-marked signs of inflammation having existed, in the superior longitudinal sinus. The evidence, therefore, at this part

must be regarded as incomplete; for the cases, with the exception of the two alluded to, prove no more than that depositions of pus and lymph do frequently take place after injuries of the head; and they by no means justify the inference, that the cause consists in the introduction of pus into the circulation from inflammation of the veins.

With respect to phlebitis, after parturition, Mr. Arnott remarks:—

"Inflammation of the veins of the uterus may be regarded as by no means of unfrequent occurrence; and although some of those who have treated of the subject have had chiefly in view the primary local affection, and morbid appearances, yet there is sufficient evidence to show that inflammation and suppuration of these veins, also, are followed by various secondary affections."

These secondary affections are, internal abscesses, a severe affection of the joints, and a destructive inflammation of the eye. That the first are dependent upon phlebitis, is attempted to be shown, by the relation of cases in which the uterine veins were found to be inflamed, and there were, at the same time, hepatic and pulmonary abscesses. The severe affection of the joints taking place in the puerperal state, is noticed on the authority of Mr. Cheaton, and confirmed by the experience of Dr. Merriman; and Mr. Arnott endeavours to establish a connexion between this complaint and inflammation of the veins, by referring to cases in which a similar kind of disease occurred from wounds of veins.

The ophthalmic disease alluded to, which is well described by Dr. M. Hall and Mr. Higginbottom in the thirteenth volume of the Society's Transactions, Mr. Arnott believes, in like manner, to depend upon the existence of phlebitis; and he attempts to substantiate this opinion, by alluding to a case of excision of the vena saphena, in which destructive disease of the eye occurred, and also to a case where the jugular vein was wounded, and in which disorganization of the eye ensued.

Such are the principal facts and inferences contained in Mr. Arnott's paper, which is made to spread over 130 pages;—a few grains of corn, which we have selected from a bushel of chaff. We pass on to the consideration of the next paper, which is entitled,

*A Contribution to the Pathology of Phlegmasia Dolens.* By Dr. ROBERT LEE, Physician-Accoucheur to the British Lying-in Hospital.

The publication of the memoirs of Bouilland,\* Dr. D. Davis,† and Velpau,‡ first threw a light on the proximate cause of the disease called phlegmasia dolens. These authors showed, by numerous dissections, that the disease consisted in an inflammation of the trunks and principal branches of the veins of the lower extremities. The object of Dr. Lee's paper is further to substantiate these views of the pathology of phlegmasia dolens, by giving an account of the morbid appearances observed in the iliac and femoral veins of a patient, who died twenty-one months subsequent to an attack of the disease in question. We shall extract the whole report.

"CASE I.—Mrs. J.—, ætat. 31, was delivered of her fifth child on the 10th of March, 1827, after a labour of twenty hours' duration, during which she frequently complained of severe pain shooting into her left thigh and leg. This pain entirely subsided subsequently to the labour, and she appeared to recover in the most favourable manner until the 14th of March, the fourth day after her confinement. She then began to experience a sense of pain in the left groin and calf of the leg, with numbness in the whole left inferior extremity; but nothing unusual could be perceived in the appearance of the limb, except a slight tumefaction in the situation of the inguinal glands, where pressure occasioned great uneasiness. She had occasional rigors; the tongue was furred, and there was much thirst. Bowels open; pulse only 80. The flow of milk and lochia natural.

"March 16th, (the sixth day after parturition,) the pain of the left thigh and leg continued with increased severity, particularly from the groin to the knee, along the inner surface of the limb, where a swelling of a glistering white appearance was observed. The pulse was still eighty, and the general functions were but little deranged.

"19th. The pain had diminished, but the swelling had greatly increased, and extended to the leg and foot, which were both very tense, and did not pit on pressure.

There was no discoloration of the skin. The pain of the limb was relieved by placing it in a state of moderate flexion.

"21st. The pain in the groin had abated, and the swelling appeared to decrease.

"24th. The pain of the limb was aggravated, particularly on moving it. The pulse more accelerated; skin hot and moist; she was extremely irritable and desponding.

"25th, (the fifteenth day after delivery). When I first saw her, the whole extremity was much swollen, the intumescence being greatest in the ham and calf of the leg. The integuments wore a uniform smooth shining appearance, having a cream-like colour, and every where pitting on pressure, but more readily in some situations than in others. The temperature to the touch did not differ from that of the other limb, though she complained of a disagreeable sensation of heat throughout its whole extent, and much pain was experienced in the upper and inner part of the thigh on moving it. Immediately below Poupart's ligament, in the situation of the femoral vein, a thick, hard chord, about the size of the little finger, was distinctly felt. This chord, which rolled under the fingers, and was exquisitely sensible, could be distinctly traced three or four inches down the thigh in the course of the femoral vessels, and great pain was experienced on pressure, as low down as the middle of the thigh in the same direction. The pulsations of the femoral artery were felt in the usual situation below Poupart's ligament; pressure over this vessel excited little or no uneasiness. Pulse ninety and sharp; tongue much furred; thirst urgent. Bowels confined. The lochial discharge had nearly disappeared.

"Leeches were applied to the left groin and upper and inner part of the thigh; these were followed by cold lotions to the affected parts, and mild cathartics and anodynes were administered internally.

"30th. The acute pain on pressure and motion of the limb had subsided, and the extremity was universally œdematous. For two months after this period, the limb remained so feeble, as to disable her from walking, and continued larger than the other.

"Eleven months after the attack, the general health of the patient was restored, and she again became pregnant. On the 5th of November, 1828, she was delivered of a still-born child, and died soon after from uterine hæmorrhagy. Permission to examine the body was most reluctantly granted three days after death, and the dissection was necessarily conducted with the greatest possible despatch, from the danger of interruption on the part of the relatives.

"*Appearance on Dissection.*—The whole of the left inferior extremity was consider-

\* Archives de Médecine, tome ii., p. 192, January, 1823.

† Medico-Chirurg. Trans., vol. xii., May, 1823.

‡ Archives de Médecine, tome vi., p. 221.

ably larger than the right, but no serous fluid escaped from the incisions made through the integuments, beneath which a thick layer of peculiarly dense, granular, adipose matter was observed. The common external iliac and femoral veins and arteries, enclosed in their sheath, were removed from the body for examination. The common iliac, with its subdivisions, and the upper part of the femoral veins so resembled a ligamentous chord, that, on opening the sheath, the vessel was not, until dissected out, distinguishable from the cellular substance surrounding it. On laying open the middle portion of the vein, a firm thin layer of ash-coloured lymph was found in some places adhering close to and uniting its sides, and in others clogging it up, but not distending it. On tracing upwards the obliterated vein, that portion which lies above Poupart's ligament was observed to become gradually smaller, so that, in the situation of the common iliac, it was lost in the surrounding cellular membrane, and no traces of its entrance into the vena cava were discernible. The vena cava itself was in its natural state. The entrance of the internal iliac was completely closed, and in the small portion of it which I had an opportunity of examining, the inner surface was coated by an adventitious membrane. The lower end of the removed vein was permeable, but its coats were much more dense than natural, and the inner coat was lined with a strong membrane, which diminished considerably its caliber, and here and there fine bands of the same substance ran from one side of the vessel to the other. The outer coat had formed strong adhesions with the artery and the common sheath. The inguinal glands adhered firmly to the veins, but were otherwise in a healthy condition."

Dr. Lee relates a second case, in which the patient recovered, and where all the symptoms were clearly referrible to inflammation of the femoral vein. On the precise nature of the disease he offers the following remarks:—

"Whether the inflammation of the coats of the veins in this disease be simple adhesive inflammation, or inflammation of a specific kind connected with the puerperal state, and differing not only in degree of intensity, but in its essential nature from phlebitis after venesection, it is difficult to determine. The peculiar character of the symptoms seems strongly to favour the latter opinion, though it cannot be denied that the disease occasionally assumes the form of common phlebitis, fatal cases having occurred, where pus has been found secreted by the internal coats of the iliac veins, and death caused by inflammation and apostema-

tous deposits of matter in the lungs and other remote organs of the body."

*Analysis of a Quantity of Fluid drawn off from a Hydrocele of some years' standing. By Dr. J. Bostock.*

The fluid in question was of a reddish-brown colour, and deposited a stratum of white matter, in the form of pearly scales, which Dr. Bostock, upon analysis, found to be of an "albumino-cerous" nature.

*On the Use of Subcarbonate of Iron in Tetanus. By Dr. J. ELLIOTSON.*

The first case related by Dr. Elliotson has already been published in this Journal. We may briefly observe, that tetanus supervened on the fourteenth day after a compound dislocation of the great toe; that half-ounce doses of the subcarbonate were administered, and that the patient recovered so rapidly, that on the seventh day he was able to eat solid food. On this case Dr. Elliotson makes the following observations:—

"The result was highly gratifying, but did not surprise me. I had not given the remedy at random, but according to what I conceived a fair analogy. Neuralgia, paralysis agitans, chorea, and tetanus appear all to be affections of the nerves, or those parts of the brain and spinal marrow which are immediately connected with them.—These affections are evidently not of necessity structural, because in all, the disease often rather suddenly ceases, and because, after death, nothing is generally to be discovered. Neither are they of necessity inflammatory, both because ~~the~~ of the latter circumstance, and because antiphlogistic measures, with mercury, generally fail to remove them. The situation in each of these diseases has also this peculiarity,—that narcotics are of very uncertain utility in subduing it; so that I was convinced, as stated in my last paper, "that we are upon a wrong scent in our attempts to cure tetanus and hydrophobia by narcotism, and that we should employ other remedies which exert peculiar actions upon the nervous system." The power of subcarbonate of iron over neuralgia, unconnected with inflammation or structural change, thus led me to employ it in paralysis agitans, and in the first case I succeeded. I was then encouraged to exhibit it in chorea, and my success is already before the Society. My resolution was now taken to treat the first case of tetanus with it that should fall under my care. But, besides having employed it

by analogy. I could not doubt that the remedy had cured the disease, because this gradually increased till it was taken, and even during the first and second day of its exhibition; after which the symptoms declined in severity, and ceased altogether in about twelve days. Instances of traumatic tetanus are generally fatal, and, when they are not, they usually decline in a very gradual manner, and terminate at the end of some weeks. Lastly, the medicine was given in such doses, and so perseveringly, that, if it possessed any virtues, these were brought in full force against the disease, and it was not combined with other means. Still the case was solitary, and I could not prove that, if left to itself, it would not have run through an equally mild course. I therefore did not detail it to the profession, but determined to wait patiently for another opportunity of putting the remedy to the test. Nearly three years elapsed before such an opportunity occurred; but upon the 6th of last month a case fell under my care at St. Thomas's, also traumatic, and infinitely more severe, but which, under the same treatment, ceased, after a few days, to increase in violence, began in a few more to subside, and terminated favourably in little more than another week."

We subjoin the report of the second case:—

"Thursday, Nov. 6, 1828. Bryan Macguire, aged 44, a labourer, admitted into George's Ward, labouring under trismus and opisthotonos. The mouth could be only half opened, and the tongue had been severely bitten in his sleep. The muscles of the back and abdomen were rigid, the body arched considerably, and, during the spasms, the pain at the epigastrium was described as dreadful; the forehead was wrinkled, and the angles of the mouth drawn up, giving an expression of extreme agony; the pulse was seventy-six, regular, soft, and rather full. On the preceding Friday he first felt a little stiffness on each side of the lower jaw, and this had increased ever since. On the Tuesday he first experienced a tightness, with catchings at the epigastrium, and at night could not sleep on account of his tongue being frequently bitten, and he sweated profusely. On the Wednesday all these symptoms increased, opisthotonos began. During the whole of the last week he had been very chilly.

"Exactly a fortnight previously to his admission, his right thumb was jammed between two pieces of logwood. The skin, at the root of the nail, was slightly torn, and a little matter formed under the nail, and escaped on one side. The thumb was slightly swollen and tender; a small dry crust was observable at the root of the nail, and the

nail was evidently separating, but without any pus below it.

"The bowels not having been relieved for four days, I ordered him instantly ʒij. of oleum terebinthine, followed by ʒss. of oleum ricini every hour, till a motion was procured; after which he was to take ʒij. of the subcarbonate of iron formed into an electuary with treacle, diffused in strong beef tea, every two hours. He was allowed ʒliij. of strong beef tea daily.

"Friday, 7th. There had been seven stools, the first dark, the rest yellow and healthy. The pulse was sixty, but rose during the spasms to eighty-eight. The temperature in the axilla was 99 deg. The symptoms were rather increased. The dose of the iron was augmented to ʒliij. and a common injection of gruel, salt, and oil prescribed.

"8th. There had been four liquid stools from the injection. The trunk was more arched, the abdominal muscles harder, the pain at the epigastrium more severe and frequent. The pulse was eighty-eight, and weaker. The dose of the iron was increased to ʒss. and a common injection ordered.

"9th. The injection had produced two or three rather lumpy stools. The body was still more arched, and the muscles of the thigh felt hard. The slightest thing excited an exacerbation, so that I was compelled to request the pupils not to visit him, except in company with myself. The mouth could only be opened a quarter of an inch less even than at his admission. The pulse was sixty-four, and weak; the respirations twenty-two. A pint of milk, and of porter, were added to his diet, and the injection ordered to be administered twice a day.

"10th. Each injection had come away exactly in the state it was administered, and been followed by several large dark red balls, without any pain. This continued to be the case every day till the dose of the medicine was diminished. To ensure the facility of their discharge, the injection was from this time employed three times a day. The symptoms remained much at the same point from the 9th to the 13th. I discovered that above double the dose of the medicine was given that I intended, but as it produced no inconvenience, and the progress of the disease was evidently arrested, I made no alteration.

"13th. He was somewhat better. 14th. Decidedly better; the abdomen less arched and hard; the paroxysms less severe and frequent. I noticed, by means of the stethoscope, that, during the attack of apasm, inspiration was made with a strong sonorous rattle, and, immediately when the spasm was over, with no more than the healthy murmur. I could not repeat the observation, as he never afterwards expe-

rienced an exacerbation at my visits. From this time the medicine was not taken in the night.

"16th. The paroxysms were far less severe and frequent.

"17th. The abdomen was soft, and the trunk very little arched, and he had suffered but four paroxysms in the last forty-eight hours. The medicine was now given only every four hours. From this time he rapidly improved, had but one exacerbation in the twenty-four hours, and that at night, and gradually slighter, and was so well on the 25th that I discontinued his medicine."

At the conclusion of the paper, Dr. Elliotson remarks, that though iron may prove to be a remedy in tetanus, yet some cases will be too rapid for its action to be exerted, and in others the degree of trismus will prevent its exhibition. A case which is added, by way of postscript, fully proves the truth of this opinion. A boy was admitted into St. Thomas's, on the 17th, having been affected with trismus since the 14th, and with opisthotonos since the 17th; the bowels being first cleared with an injection of turpentine, the exhibition of sub-carbonate of iron was commenced, in a dose of half an ounce every two hours. The patient died at eight o'clock on the following evening, having remained unrelieved throughout the whole of the time.

*An Account of a Case of Aneurism by Anastomosis of the Forehead, treated by the Application of Ligatures. By B. C. BRODIE.*

The author, in a note at the commencement of this paper, attempts to pre-emptively critic by offering some objections to the term "aneurism by anastomosis." He makes hard work of it, and had better relinquish the occupation as speedily as possible. The case, deprived of its verbiage, stands thus:—

"Miss —, in the year 1800, being then about five years of age, received a severe blow in the forehead, and soon afterwards a small pulsating tumour, not larger than a pea, was observed at the part. For many years the tumour remained nearly stationary, and as it produced no inconvenience, excited but little attention. In the year 1821 it had manifestly increased in size, in consequence of which a surgeon attempted to cure the disease by pressure. Under this treatment the patient suffered constant and severe pain, and as soon as the pressure was

left off, the tumour seemed to grow more rapidly, and the pulsation became stronger than before. From this time there were frequent attacks of intense headache, which were relieved by bloodletting. No local treatment was resorted to, until the year 1824, when the tumour, having greatly increased, another attempt to restrain its growth by pressure was instituted under the direction of Sir Astley Cooper, but with no more favourable result than formerly. In the end of June, 1826, the disease having made still further progress, Sir Astley Cooper was again consulted, and by him a ligature was applied, (at four different times,) to each of the four principal arteries by which the tumour was supplied. The result of these operations was, a slight diminution in the size of the tumour, and some relief from pain; but even this favourable change was of short duration. In the course of the winter of 1827, the tumour again grew larger, and the painful sensations returned with redoubled violence, attended with a constant sense of weight over the eyes, and excessive depression of spirits. The patient remained precisely in this state, until the 9th of October, 1828, when I saw her in consultation with Dr. Robertson, of Northampton. The tumour was now bigger than

walnut, occupying a spot on the forehead, immediately below the margin of the hairy scalp. When the fingers were applied, they received an impression, as if it was composed of a mass of tortuous vessels, and a strong pulsation was perceptible in every part. The skin covering the tumour was thin, and in coughing, when the vessels were unusually distended, appeared as if on the point of bursting. When the scalp was shaved, large and tortuous arteries were to be seen passing into the basis of the tumour, in every direction, from each temple, from the orbit of the right eye, and over the crown of the head from the occiput. Pressure being made on the two temporal arteries at the same instant, the pulsation of the tumour was perceptible, but not greatly diminished. There was a constant sense of weight and pain in the forehead, and the latter was very much aggravated by pressure on the tumour, especially on a particular spot towards its upper edge.

"The patient was willing to submit to any plan of treatment which might afford her even a chance of being relieved. It appeared that there was no reason to expect advantage from any further attempt to obliterate the arteries by which the tumour was supplied with blood, nor, indeed, from any operation which had not for its object the complete extirpation and removal of the diseased structure. The attempt to accomplish this object by means of the knife,

would necessarily be made at the risk of alarming hæmorrhage, and the application of the actual cautery or of caustic would not only be uncertain as to the result, but might occasion such injury to the bone and periosteum, as would be productive of much subsequent inconvenience, if not actual danger, to the patient. Under these circumstances, I proposed to extirpate the tumour by means of ligatures, so applied as to produce the complete strangulation of it at its base; but even with respect to this method of proceeding, it was impossible not to experience considerable apprehensions as to the loss of blood which might take place on the separation of the slough. These apprehensions were, however, greatly diminished, from the conviction that the unusual dilatation of the principal arteries of the scalp was to be regarded as the effect, and not the cause, of the morbid growth of the smaller vessels, and as being likely to subside immediately on the tumour being destroyed. A further consultation having been held with Mr. Keate, and afterwards with Sir Astley Cooper, I proceeded to perform the operation on Wednesday, the 15th of October, in the following manner:—A long steel needle, the length of which was about double the diameter of the tumour, was passed between it and the periosteum, penetrating the skin on each side. By means of this needle the tumour was raised as much as possible, and a second needle was introduced in the same manner, but beneath, and at right angles to, the first. A very strong silk ligature was then bound several times round the base of the tumour below the needles as tight as it could be drawn. The tumour immediately assumed a purple colour, as if in a state of strangulation. The operation occasioned great pain both at the time and afterwards; but from the instant of the ligature having been applied, the peculiar sufferings occasioned by the disease were at an end. In the evening the pulse being strong, the skin hot, and the pain caused by the ligature very severe, some blood was taken from the arm.

"October 16th. The pain was somewhat abated, the tumour had assumed a dark colour, and had begun to shrink.

"17th. The tongue furred, the pulse hard and frequent, and the skin hot. More blood taken from the arm.

"18th. All the arteries entering the tumour had either ceased to pulsate or pulsated less strongly than before, with the exception of those at the upper part. Concluding from this last circumstance that the strangulation was not complete, and that a still greater degree of compression was necessary, I armed one of the needles with a strong double ligature, then drew it through,

and having removed the needle, tied the ligatures one on each side.

"20th. The other needle was armed in the same manner, and by means of it another double ligature was passed through the base of the tumour, and tied like the former one.

"22d. The slough had begun to separate at its edges, and all severe pain had ceased. The pulsation at the arteries at the upper part was greatly diminished.

"26. The slough came away without the smallest hæmorrhage. Dry lint, with strips of adhesive plaster over it, was applied to the ulcerated surface. In the course of a few days the ulcer had assumed a healthy appearance, and had begun to granulate. The appearance of the ulcer was very carefully watched, and two or three times the nitric acid was applied to some spots on its surface, in which there was any reason to suspect that there might be a disposition to reproduce the original disease. The sloughs made by the nitric acid soon separated; the sore continued to heal, and the pulsation of the arteries in the neighbourhood to diminish.

"December 2d. The cicatrix was completely formed, and nothing unusual was to be observed, except that between it and the eyebrow there was a slight appearance of fullness, manifestly depending on the skin at this part having been for a long time much distended, and having not yet returned to its original dimensions. There was no more pulsation in the arteries, which had formerly been so much enlarged, than in those of the other side of the forehead, and the patient was free from pain and all other inconvenience."

*Two Cases of Fracture of the Thigh-bone taking place without any violence, in which a Diseased State of the Bones appears to have been the predisposing Cause of Fracture, and concurring with Cancer in the Breast in both Patients. By T. SALTER, Surgeon, Poole, Dorset.*

The first patient whose case is related by Mr. Salter was a woman eighty-two years of age, who had been, for a long time, afflicted with cancerous ulceration of the mamma. The bone suddenly gave way just below the trochanter, whilst the person was "standing at her drawers, taking out some linen." She died six months after the injury, no ossification having occurred; a *post-mortem* examination was not permitted. In the second case the patient was fifty-six years of age, and laboured under a scirrhus tumour of the left breast, which had existed

for several years. The fracture took place about three inches below the trochanter major; and, on examining the femur after death, it was found to be so soft throughout its whole length, that a knife could readily be pushed through it at any part.

That an unusual fragility of bone does sometimes exist, in conjunction with cancer at a remote part of the body, is a circumstance perhaps not generally known, but it is adverted to by many authors. Mr. Selter, by the relation of his cases, has added to our stock of facts on this subject. But, as he justly observes, whether the disease in the bone be actually of a carcinomatous nature, or of some other kind, excited by the cancerous virus in the habit, it is difficult to determine.

We must reserve our notice of Ben. Travers' paper "On Malignant Diseases," which concludes the volume, until next week.

#### WESTMINSTER HOSPITAL.

*To the Editor of THE LANCET.*

SIR,—Being a constant reader of your leading article, and considering it to be always a very able, and often an impartial commentary on the current events of the profession; I am naturally anxious to counteract the injurious impression, which some of your statements, made last week, respecting the Westminster Hospital, of which I am a trustee, are likely to produce on the public mind. I shall, therefore, endeavour to prove that these statements rest on erroneous grounds.

You state, that the Westminster Hospital contains only eighty-two patients, consequently a considerably less number than the Royal Western Hospital; that it is less clean than the Western Hospital; that only forty beds are appropriated to surgical patients; and that the surgeons' pupils are not allowed to see the medical practice, without the payment of an enormous additional fee; that the Westminster Hospital is a wretched institution. If, Sir, you will take the trouble of visiting the Westminster Hospital, you will find there are ninety-three beds, and that, although the wards are badly constructed, worse ventilated, and the building in general dilapidated, the greatest order and cleanliness are maintained throughout by the exertions of Mrs. Cox, the indefatigable matron. Whether the Westminster Hospital contains fewer patients than the Western Hospital is a ques-

tion which may be pretty satisfactorily answered. It is likely enough that the last named institution may contain a hundred beds, and Mr. Sleight may, for an extraordinary occasion, gather together from the highways and byways a hundred patients, washed and ticketed. But will any man, in his senses, assert that that institution has sufficient funds to maintain that number constantly; nay, is it not a notorious fact, that it has not sufficient to maintain twenty? Two-thirds of the ninety-three beds of the Westminster Hospital are appropriated to the surgical department, and there are, I am informed, but twenty-five medical patients in the house at this time. The medical and surgical patients are mingled together, and the surgical pupils are enabled to attend the physicians' practice on the payment of a fee. But I beg to assure you, that your alarm for the pupils' pockets is quite groundless, for notwithstanding the almost unprecedented opportunities of improvement which are afforded in the medical department, arising from the oral instruction of the two senior physicians, who bestow twenty minutes' attendance per week in two visits to their patients and pupils; notwithstanding the unceasing activity of Dr. Roe, the junior physician, who is said to have demonstrated the problem of perpetual motion in his own person; notwithstanding this gentleman advertised, two years ago, his intention of delivering clinical lectures to all the medical pupils; which lectures, as not one of them has yet been delivered, must, as a consequence of their long concoction, be, when delivered, worth hearing; notwithstanding all this, the pupils of the Westminster Hospital are so inconceivably dull, as to prefer jingling the money in their pockets, to promoting science!

With respect to your assertion, that the Westminster Hospital is a wretched institution, I am sure you will be convinced of your error when I tell you, it possesses landed property to the amount of 80,000*l.*, and that the governors are only waiting for ground to commence a building which shall be worthy the city whose name it bears.\*

Although the present Westminster Hospital is a mouldering chaos of dingy apartments, the circumstance of its being the first hospital in Britain, established and supported by the voluntary exertions and contributions of private individuals, and consequently the parent of all those provincial institutions which have proved of incalculable benefit to the community, both as receptacles for the sick, and as practical schools of medicine and surgery, ought to be a great recommendation.

CUSPIS.

\* If the present hospital be so excellent, why build another?—Ed. L.

## THE LANCET.

*London, Saturday, August 1, 1829,*

WHEN the question of Surgical Reform was so freely and frequently discussed in eighteen hundred and twenty-six, it was proposed by some half-witted reformers, together with a few very cunning knaves, that a "remonstrance" should be presented to the College. "Lay a remonstrance before the College," was the language held on that occasion, "and your grievances will be removed." This view of the subject met with little or no concurrence on the part of the great body of the members, who were far too sensible not to perceive the utter folly and inefficiency of such a proceeding. There were, however, a few toad-eaters, connected with our hospitals, who did present a "remonstrance" to the Council at about the time that the Surgeon's Petition was laid upon the table of the House of Commons. We objected to the "remonstrance," because it was not in the power of the Council, even if they had felt so disposed, to alter the Charter which had been granted to them by his late Majesty, George the Third,—under the authority of which iniquitous instrument they derived the whole of their legislative powers. The Surgeons' Petition, on the other hand, received all the support which our humble endeavours were capable of bestowing on it; because we thought that it would be the means of laying the axe to the root of the tree, and have the effect of abrogating a law which had protected the Council in its wanton and unjust proceedings. It was also said, "Wait a little, this is the march of intellect; you will soon have better men in the College, whose election will be immediately succeeded by a more liberal system of government." We have waited. the profession has waited. Many new members have been elected into the Council:

but where is the new and improved system of government? We regret to say, that it has not yet been promulgated. Are we then disappointed? Certainly not. We were never weak enough to expect, that the Council would deal more justly by the profession, so long as it should retain the present charter, and hundreds of times has it been stated in the pages of this Journal, that the abrogation of this charter is the only effectual step that can be taken, towards removing the disgraceful monopoly by which the council now flourishes and fattens. Let those who expected a more liberal system of government from the election of "new men," look at the names of the gentlemen who form the Council of the present day:

Sir A. Carlisle	G. J. Guthrie.
H. L. Thomas	W. Wadd
R. C. Headington	H. Jeffreys
Sir W. Blizard	A. White
J. Adair Hawkins	J. G. Andrews
W. Lynn	Samuel Cooper
J. Abernethy	Thomas Copeland
W. Lucas	J. Howship
Sir A. P. Cooper	J. Bragg
R. Keate	William Lawrence.
J. P. Vincent	

With the exception of the first three, who were the President, and Vice Presidents, for the past year, the names are placed according to seniority of standing. Having read over these names carefully, we request attention, for one moment, to the following "regulations" of the Council:—

"1. The only schools of anatomy and physiology recognised, are London, Dublin, Edinburgh, Glasgow, and Aberdeen.

"2. Attendance upon the surgical practice of an hospital will be recognised, provided such hospital contain at least one hundred patients.

\* \* \* \* \*

"5. And of having attended, during the term of at least one year, the surgical practice of one or more of the following hospitals, viz. St. Bartholomew's, St. Thomas's, the Westminster, Guy's, St. George's, the London, and the Middlesex in London: the Richmond, Streehan's,

and the M<sup>RS</sup> M<sup>RS</sup>, in Dublin; and the ROYAL INFRMARI<sup>ES</sup> in Edinburgh, Glasgow, and Aberdeen; or during FOUR YEARS, the surgical practice of a recognised *provincial hospital*, and six months, at least, the practice of one of the above-named hospitals in the schools of anatomy."

That these regulations are most unjust in principle, and most oppressive in practice, none will deny; yet they have been sanctioned and promulgated by a Council of twenty-one, in which, report says, there are not less than eight highly liberal and honourable-minded men. It is clear, therefore, that the minority, although a large one, is entirely destitute of power, and that the whole control of the affairs of the College is vested in the hands of the bad majority. That the number of the liberals is not likely to receive any very great augmentation, will be generally believed, when it is known, that the election of Mr. LAWRENCE was carried by only a majority of ONE. This fact speaks volumes for the liberality of the Council, and it points out to the profession, most unequivocally, that the undivided efforts of the Surgical Reformers should be directed towards Parliament.

The regulations we have just quoted are of the most obnoxious description, and it is surprising how they can so long have been patiently endured by the members of a learned profession. Apathy on the part of the members is the more extraordinary, as it is evident that nothing but avarice, of the grossest description, could have induced the Council to frame such detestable laws. Of the *twenty one* councillors who enacted these regulations *directly in favour* of the hospitals and medical schools of London, not less than *FOURTEEN* participate in the PROFITS of those hospitals and schools. Yet, in the by-laws to which each individual on entering office swears to conform, it is stated that "no members of the Council shall have a vote on any question relating to himself." But, we believe, it is

well known, that in most corporations, where truth and profit are incompatible, that perjury is not unfrequently substituted for the former. It was not sufficient to satiate the avaricious appetites of the greedy monopolizers, that *London* should be the only school of anatomy and physiology recognised in England; and, therefore, that the surgeons of the country hospitals might receive no fees from pupils, and that all the fees paid for hospital attendance by British students, should be received at the hospitals in London, and appropriated by the monopolisers and their neveys and noodles, an attendance of FOUR YEARS on a country hospital is required. To say nothing of the first, or the "school" regulation, we are fully persuaded that the fifth, or hospital regulation, is such an abuse of the powers of the CHARTER, that in law it amounts to a forfeiture of that instrument, and, probably, a *quo warranto* information would have the effect of reducing these gentry to their proper level. It is not unusual for corporations to lose their charters by an abuse of their powers. Itching palms prevail amongst companies of grocers and ironmongers, as well as in the liberal and enlightened Society in Lincoln's Inn Fields. The existence of these "regulations" with the present Council must convince those who believed that time and remonstrances would effect a reform in the College, that their expectations were most ill founded. The object of the surgical reformers, in presenting their petition to the Legislature, was the abrogation of the charter, to the end that some legislative enactment might be ultimately obtained, which would give them the power of appointing those persons who were to rule over the destinies of the profession. Until this be accomplished, the members must be content to groan under that cold-blooded tyranny which has oppressed them for so many years. From the College there can be no hope of redress. The Council are deeply interested in upholding their present

monopoly. It is attended with vast profit to them, and they will continue to grasp the advantages which they now possess, until they are wrested from them by the strong arm of the law. The charter which they now hold is the counterpart of a Bill which was scouted from the House of Lords, and designated by Lord Chancellor Thurlow, as one of the most iniquitous, preposterous, and impudent documents that ever was laid on the table of the House. The procuration of the charter was altogether a smuggled proceeding; no appeal was made to the profession, who knew nothing of the attempt to deprive them of their rights, until the fatal blow had been struck. Quietly have they borne their galling yoke: but patience has its bounds, obedience has, at last, given place to resistance, and the College may prepare for a contest that will soon be commenced, and which will be continued, until its final and complete overthrow shall be accomplished. The Surgical Reformers will now act under far more favourable circumstances than on the last occasion, as there are some of their best and most powerful friends in the camp of the enemy; and the disgraceful manner in which the late president, Sir ANTHONY CARLISLE, spoke of Mr. LAWRENCE, proves, most clearly, that this gentleman has been fighting the battle of the surgical reformers, even within the walls of the College. The malignity of two or three of the dirty, scribbling dubs, has induced them to represent Mr. LAWRENCE as having abandoned the cause of surgical reform. It is not the first time that these unprincipled men have endeavoured to destroy that gentleman's character, but their own characters are a sufficient antidote to their base designs. Mr. LAWRENCE's great elevation secures him against the shafts of their malice. The members of the profession have only to rally, with renewed vigour and increased intelligence, around the standard raised by this celebrated surgeon in

eighteen hundred and twenty-six, and a complete triumph must speedily crown their exertions.

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MR. SLEIGH.—SURGICAL REFORM.

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To the Editor of THE LANCET.

SIR,—The observations you thought proper to make in last week's LANCET, relative to my not having attended the meeting, held for the purpose of petitioning Parliament against the council of the College of Surgeons, and my not having signed that petition, thereby implying that I had deserted the cause of medical reform, would have been perfectly justifiable, had I ever joined directly or indirectly that cause; but never having done so, with the exception of complaining against the council for not then recognising my lectures, I conceive my conduct therein does not deserve animadversion. Indeed, I was not at that time sufficiently acquainted with their organisation and proceedings to form an opinion of them. Permit me to say, that I am now well pleased I did not then join the cause, for it proves, if I now feel it my duty to take an active step against the council of the College, I do it *reluctantly*, and that I am *driven* to it by a system of unjust, unprincipled, illiberal and partial conduct. But, Sir, when once thus pledged, if you hear of my finching from a steady, persevering, uncompromising course of action for the regeneration of the College, until that regeneration be achieved, by its being formed according to the principles of the British constitution, you may add my name, with what *apprehension* you please, to those few who have already deserted that cause, which has truth and justice for its foundation—the credit and honour of the profession, its objects—and the general good of mankind, its end.

I am, Sir,

Your very obedient servant

W. W. SLEIGH.

25, Upper Seymour-st. Portman Sq.

July 27, 1829.

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VACCINATION.

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To the Editor of THE LANCET.

SIR,—Mr. Leeson's case in No. 303 is, doubtless, an interesting one. I differ, however, from him in my deductions therefrom. It is indeed true, as he states, "cow-pox did not prevent small-pox;"

but, Sir, I think this fact had better been given thus: cow-pox virus, introduced into the system subsequent to its infection with small-pox, did not *destroy*, but merely *suspended* the activity of the latter during its own progress. The suspension of one morbid action by the superinduction of another is no uncommon case. (a) The second conclusion, "In the same case, cow-pox and small-pox went on together," is plainly and unequivocally destroyed by a previous paragraph or sentence. "On the ninth day it sickened for variola. The cow-pox, which was on the eighth day a fine specimen of its kind, continued stationary during the whole progress of the small-pox, until both disappeared together"—or, in other words, so soon as the cow-pox had attained its perfection, the variola, which was kept in subjection during the progress of the former, assumed activity, and stayed the usual appearance of the decline in its antagonists. Mr. Leeson seems entirely to have lost sight of the difference between the co-existence of two diseases in a state of activity, (b) and of one disease lying dormant in the system during the progress of another, and only assuming its action on the cessation of its precursor. Having, I think, disproved the validity of his second conclusion, the third, of consequence, is nullified.

Mr. Laming's remarks, in No. 305, on Mr. Leeson's case, I think good and pertinent. The failure of success in one case, should not deter us from pursuing a plan which, in many instances, as in Mr. Laming's, is beneficial. I though it be generally granted that variola may succeed the most perfect vacciola, and that in a bad form, still this is the exception to the rule—the protecting influence—or, at least, alleviating power, of the latter against the former.

I cannot subscribe to the opinion of Mr. Laming, that cow-pox is only to be considered a preparation for small-pox. I do not hold the Jennerian discovery at a low estimate.

I subjoin some references; 1st. To cases where one action was suspended, by another supervening:—

(a) Hooping-cough by small-pox; \* vacciola by chicken-pox; † cow-pox by measles: ‡

(b) 2nd. Where co-existence of morbid action appeared:—measles and small-pox; § small-pox and hooping-cough. ||

WILLIAM EDINBURGH.

London, July 16, 1829.

DUBS, PURES, AND CHARITY-MONGERS.

To the Editor of THE LANCET.

SIR,—Your spirited and just animadversions on the conduct of the parties concerned in originating and perpetuating those "pest-houses" and puff-shops called medical *charitable* institutions, induce me to hope that you will not neglect, in some future number of your invaluable Journal, to characterise in merited terms the equally shameful acts of a number of DUBS and PURES who are in the habit of giving advice gratis to the poor, no doubt from the most humane and charitable motives. I can furnish you with the particulars of the case of an unfortunate child, about six years of age, whose mother took her to one of these gentlemen for some slight derangement of the stomach. Two grains of calomel, with some jalap, (for I saw the prescription, which was sent to a druggist,) were directed to be given night and morning, and she was ordered to be taken to him again in a week. The powders were regularly administered for six days, at the end of which time, as might be expected, the mouth became exceedingly sore. She was again taken to this very learned and humane Doctor, who said the soreness of the mouth was of no consequence, and after ordering some aperient powders, told the mother to bring her again in a week. The child getting rapidly worse, about four days afterwards I was called in, and found the front part of the gums and upper lip in a sloughy state. Notwithstanding all I did to arrest the progress of the mortification, in two days more the front of the upper jaw was quite denuded, and the teeth fell out; in two or three days more the whole of the upper lip was destroyed, as well as the septum of the nose, and in about ten days from the time of my first seeing her, she died, one of the most appalling spectacles I ever witnessed. Parallel cases to this, I believe, are not very rare amongst this class of practitioners, yet they pass unheard of and unnoticed. I trust by your exertions the public will, ere long, be enabled to appreciate the *disinterested* motives of these parties.

Do you think, Mr. Editor, this benevolence in the medical profession will be imitated by other professions and trades? Shall we have clubs of bishops, priests, and deacons, formed for the purpose of circulating the blessings of true religion and sound morality, without fee or reward? Shall we have communities of lawyers, who will hold gratuitous consultations for the benefit of those who cannot pay for them? Shall we have tailors, bakers, butchers, &c., vying with each other in giving away their goods? When these things take place, and not till then, shall I become a convert to the prin-

\* Med. Phy. Jour. vol. viii. p. 426.

† Ditto do. do. p. 9

‡ Bell on Cow pox, p. 27.

§ Med. Philosoph. Com., vol. iii. p. 411.

|| Willan's Reports; Diseases of London.

ciple of giving gratuitous advice and medicines to those who, if they have not the means themselves to pay for them, have friends, and if not, the parish is obliged to find them with both. Benevolent and wealthy individuals, as you before suggested, have generally plenty of poor relations and dependants upon whom their charity might be bestowed, without infringing on the rights of the profession, and without exposing their less affluent fellow-creatures to the degradation and danger of being sent to a hospital or dispensary.

I shall be happy to co-operate with my professional brethren in any plan that is calculated to arrest the progress of the rapidly growing evils to which you so felicitously adverted in your late leading article.

I am, Sir,

Your obedient servant,

J. N. BAINBRIDGE.

St. Martin's Lane, July 23, 1829.

#### MEDICAL BENEFIT SOCIETY.

To the Editor of THE LANCET.

SIR,—You have been kind enough to insert my former notes, relative to the formation of a Medical Benefit Society in this metropolis. Permit me to inform your readers, and the profession generally, that among the several communications I have received, *two of the writers have promised very munificent donations towards the establishment of an institution of the nature I propose.* I now beg to state on what plan

AN. I should like to see it founded; viz. that of 1. *shorter friendly societies, so that by each club contributing*

member *one or two guineas per annum, he should be allowed two or three guineas weekly, when incapacitated from attending to his professional duties; the sum to be fixed by a managing council or committee, elected by the members without favour or affection, whose duty it should also be to confer other privileges when required; as in case of the death of a member or his wife, or if his property have been destroyed by fire, or he be in prison for debt, &c. The sum to be prepared by a committee elected for that purpose, confirmed by the members at large, and enrolled according to Act of Parliament. I trust the profession will perceive the necessity of forming an institution for these purposes; and when a member requires assistance, he will have the gratification of obtaining it as his right, and not as a matter of favour, nor with the chance of experiencing the frowns or reflections of cold-hearted charity, in his applications for relief. These are urgent reasons; I trust the profession will come forward and aid*

my humble endeavours, and give their assistance to my project, the benefits of which will, hereafter, be duly appreciated. We have seen the great advantages that have attended friendly societies in the humble classes of society, and I can only feel surprised that nothing of the kind should have been attempted before. However, let us verify the proverb, "better late than never," and form a Medical Friendly Society. Any communications and suggestions, therefore, addressed to me, post paid only, twopenny post-office, Brewer Street, shall be attended to. Let me impress on the reader, that however bright our prospects may be at the present moment, sickness and uncontrolled misfortunes may arise, that would render such an institution one of the greatest blessings the profession could experience. Trusting to your kindness in giving this early insertion,

I have the honour to remain,

Your faithful servant,

H. W. DAWDENT, Surg.,

Lecturer on Human and Comparative Anatomy.

July 20, 1829.

P. S.—I have omitted to mention that I would propose to throw open its advantages to all in the profession, whether the apothecary's assistant, or the presidents of the Colleges of Physicians and Surgeons, as well as practitioners, should they choose to embrace them; in fact, it should be open to all, and influenced by none.

#### BLOOMSBURY DISPENSARY.

To the Editor of THE LANCET.

SIR,—The result of the election at this dispensary has been the cause of much satisfaction, not only on account of the charity's having obtained so eminent a surgeon as Mr. Cooper, but from the frustration of the base endeavours of an unprincipled faction of medical men.

The "little eminent" used his greatest endeavours amongst his pious friends, to get a methodistical surgeon appointed; but the overwhelming majority with which Mr. Cooper triumphed, must be to you a pleasing proof of the light estimation which "bat" recommendations hold in the public opinion.

I remain,

Your most obedient servant,

WILLIAM BRODIE

Bloomsbury Dispensary,  
July 23, 1829.

## MERCURIAL PURGATIVES IN PURPURA HÆMORRHAGICA.

To the Editor of THE LANCET.

SIR,—In a late communication, I ventured to assert, that Mercurial Purgatives were an useful remedy in purpura hæmorrhagica, and I supported my opinion by cases and references to authorities, to which any one may have access. I shall now endeavour to show, by the following case which occurred to Mr. Wilson, of this town, that calomel may be advantageous when it exercises its specific action on the system. A girl, aged 9 years, was observed by her friends to be unusually dull and listless, but when interrogated, she said that she had no complaint; these continued near a fortnight, when on the 2nd of October, 1820, she was seized with violent epistaxis, the trunk and extremities were covered with numerous small dark petechiæ, and on one arm were two extensive extravasations very sensibly elevated; the gums were exceedingly pale, and, with the tongue, were spotted and bleeding; she vomited a great deal of coagulæ, of a peculiarly firm texture and dark colour, her stools of the same description; she was constantly complaining of sickness, headache, and of occasional pains in the chest; the pulse beat 90 in a minute and was very feeble, the heat of the body was somewhat below the natural standard: during the 2nd, she took a table spoonful of yeast every two hours, and an acid mixture, she had also a purgative of calomel and jalap; on the 3rd, the symptoms continued the same, she was ordered ʒj pulv. jalapæ comp. with 3 grains of calomel every third hour and to continue the acid; in the course of that day the bleeding from the nose ceased, but the evacuations continued the same; on the 5th, the mouth became slightly affected, when the blood disappeared from the stools; on the following day, the gums were sharply sore, the evacuations natural, and the petechiæ appeared to be fading; she said that she felt stronger, and from this time rapidly recovered, the ptialism also gradually subsided.

Thus I have brought my remarks on purpura to a conclusion, and beg permission to say a few words to Mr. Moore.

That Mr. Moore should attempt to expose my failings did not surprise nor vex me, but that they should have disturbed the *natural serenity* of his temper, caused me some astonishment. I shall endeavour to benefit by his charitable advice, although it might not, perhaps, unprofitably, have ended where it began. Mr. Moore should not have denied me a practical illustration of the usefulness of "logic, grammar and gentlemanly courtesy," in his "reply" by way of encourage-

ment; but this, I suppose, does not constitute the "manner becoming an inquirer after facts, and the profession we belong to." Mr. Moore must not neglect to afford me some account of the cases to which he has so often alluded, lest a person of my "unconvincing disposition" be led to consider them as having been only "imaginary grievances" that have caused him so great uneasiness!

I remain, Sir,  
Your obedient servant  
THOMAS HEAD.

Alnwick, Northumberland,  
July 21, 1829.

## WESTMINSTER HOSPITAL.

## DIABETES MELLITUS.

JOHN DIXON, 41 years of age, a stout man, of middling stature, and sanguineous temperament, formerly a sailor, much addicted to drinking, now a mason's labourer, residing in the low parts of Westminster, was received under the care of Sir George Tuthill, 26th November, 1828.

About a year and a half ago, he was first affected with a profuse secretion of urine; he consulted many of the faculty without deriving any benefit; and having exhausted his means of subsistence, he came into this hospital in December, 1827, when he was treated by Dr. Bright, who considered his disease to be diabetes mellitus. The patient was treated with frequent and large doses of opium, and castor oil and turpentine purges, and he was allowed a generous diet. This plan produced the most decidedly good effects. The dose of opium was gradually augmented, until it amounted to eleven grains in the twenty-four hours. The food daily consumed, consisted of three pounds of butcher's meat, and a pound of bread. He was discharged in May, 1828, nearly well, the daily dose of opium having been diminished to two grains, and the food to a regular full diet.

During the summer he continued perfectly well, occupied as a labourer. He lived in the most abstemious and careful manner, never touching vegetables or fermented liquors; his sole beverage was milk, of which he was in the habit of drinking a quart daily. Water and spirits he invariably shunned, as being uniformly injurious. Sweetwort he found not to disagree with him. He paid the most constant regard to his bowels, preventing the accession of costiveness by the liberal use of castor oil. His health remained unimpaired until the middle of October, when he suffered an at-

tack of catarrh, the probable consequence of exposure. Incontinence of urine gradually came on; the urine grew sweet, and increased to two gallons daily. On admission, the diurnal secretion rather exceeded a gallon and a half; the following was prescribed:—

*Balsam of copaiba*, 20 minims;  
*Castor oil*, half an ounce. Mix; to be swallowed every morning.

*Powder of whortleberry leaves*, a scruple;  
*Carbonate of ammonia*, 10 grains. Mix, and form a powder, to be taken three times a day.

A pound of beef steaks for breakfast, with full diet; twelve ounces of bread, and two pints of milk every day.

Dec. 11th, 1828. The urinous discharge is one gallon and a quarter a day. The man complains of pain round the occiput, a sensation of weight in the loins, and a numbness of the lower limbs, producing a dragging of the legs whilst walking. The senses are unimpaired; he thinks his recollection is less perfect than formerly. His wife states, that he has of late exhibited considerable eccentricity of conduct. The tongue is of good colour, but flabby; appetite craving; bowels freely open three times each day; stools liquid; sense and motion more impaired in the legs. He occasionally perspires profusely, when the diuresis is invariably augmented. No expectoration. A grain of opium to be taken twice a day, and the other medicines discontinued.

13. Has increased pain in the occipital region, accompanied with a sense of cold and weight; has great irritation over the entire surface of the body, occasioning constant fidgettiness. Complains of weakness in the extensor muscles of the legs, which, with the other muscles of the lower limbs, are flabby. Mouth dry, bowels open; an ounce of castor oil to be taken every morning, and the opium to be continued.

Jan. 10, 1829. The plan first adopted has been rigidly adhered to. The urine secreted, amounts now to three quarts daily. It is insipid in taste. He takes four grains of opium in the 24 hours. The peculiar diabetic odour still exists.

Feb. 12. The urine has diminished to two quarts every day; the quantity of opium daily consumed is ten grains; the patient's sensations are comfortable; appetite good; bowels kept open by a daily dose of castor oil.

March 4. The quantity of urine passed is one pint and a half, and of opium taken, six grains per diem. The diabetic odour no longer perceptible. The man still complains of weakness in his knees. The pain and coldness of the occiput have disappeared, but the memory is not improved.

April 1. The secretion of urine natural; appetite moderate; bowels regular; intellects clear; his memory a little improved. The paraplegic tendency still exists in the lower limbs. The opium is reduced to two grains a day. He thinks himself capable of employment, and is this day, by his own desire, made an out-patient.

#### NEW LITHOTRITIC INSTRUMENTS.

The ingenious Baron Heurteloup has lately been exhibiting to some of the most distinguished surgeons of this metropolis, his beautifully-contrived instruments for breaking down stones in the bladder. He was first led to direct his attention to this subject about five years ago, when a student at Paris, by the indignation which he felt at the culpable conduct of Dr. Civiale towards Mons. Le Roy (D'Etiolles,) the man who first proposed this method of superseding the perilous operation of lithotomy, and who invented an instrument for the purpose. Mons. Civiale surreptitiously obtained a model of this instrument, and having first applied it to practice, won the prize of surgery in the Academy of Sciences.

Dr. Heurteloup, aware of the merit of his friend Le Roy, entered warmly into the controversy, and has succeeded not only in establishing the justice of Le Roy's claims, and exposing the charlatanerie of Civiale; but after five years of nearly exclusive application to the subject, he has so much improved upon the original invention, as to render the lithotritic apparatus nearly infallible in its operation, and to afford one of the most perfect assistants which the science of mechanics has ever contributed to medicine. So high is the sense entertained of this gentleman's merit by his countrymen, that the first-prize of surgery has been twice awarded to him by the Academy, and the title of Baron conferred on him by his sovereign.

On Tuesday, the 21st of July, Mr. President Thomas, Sir W. Blizard, Sir A. Carlisle, Mr. Howship, Mr. Guthrie, several other members of the Council of the College of Surgeons, and other professional men, assembled at Mr. White's house in Parliament Street, to witness a demonstration by Dr. Heurteloup, of the structure and mode of using these instruments.

The Baron briefly addressed the meeting in French. He stated that, in 1813, a German surgeon, of the name of Grunthuisen, was the first who turned his thoughts to the improvement of our lithotomic instruments. This man imagined that the principle of the common bullet-forceps might be adopted, in the construction of an instrument for finding stones in the urinary bladder; and he accordingly formed an instrument consisting

of a straight canula of the diameter of four lines, and a central steel rod terminating in three elastic claws or tenacula, which might be thrust forward in search of the calculus, and drawn back to grasp it. The sole purpose of this instrument was to seize the stone.

In 1823, Dr. Le Roy conceived the notion of adding to the claws of Gruithuisen a drill, which might destroy the stone when grasped; this was the state of the lithotritic art when the Baron undertook the study of it. M. Heurteiou also stated, that he did not suppose his instrument would, at present, entirely supersede the lateral operation, as it was not adapted to destroy a larger stone than one of eighteen lines diameter; but that a more attentive regard to the diagnosis of this painful disease would, in future, by ensuring the discovery of calculi whilst small, render a recourse to the knife perfectly needless. \*The steps of the process are the following:—

1st. The injecting of the bladder with warm water, which is done by means of a catheter furnished with a stop-cock, and a large syringe made for the purpose.

2d. The indicating the situation of the stone; the catheter already introduced, serves the purpose of a sound; its short curve very much facilitates the detection of calculi.

3d. The seizure of the stone. This is done by the claws of the instrument.

4th. The perforation by Le Roy's drill.

5th. The excavation, effected by an instrument shortly to be described.

6th. The crushing and pulverisation of the shell, effected by an instrument to be described, called the "shell-breaker."

7th. The ejection of the powder by the contractile force of the bladder.

8th. For small stones and flat stones, the "shell breaker" only is used.

The Baron first exhibited the operation bed, or table, about the height of our ordinary operation tables, covered with a mattress, which may be raised into an inclined plane, and supported by a wedge-shaped box. At the foot of this bed there is an apparatus which affords a fulcrum to the instrument, after its introduction into the bladder. The head of the bed, and, consequently, the fundus of the bladder, may be depressed to any extent desired, the legs which support it being hinged, and capable of folding under. On this couch the man is placed nearly in the position for the lateral operation. A strap is passed round the shoulders and buckled to the sides, the feet are placed in slippers securely fixed at the foot of the bed.

The instruments were then shown, and their use explained in the following order.

1st. The catheter of the usual length,

with a short, and rather abrupt curve, to serve as a sound, the shortness of the curve facilitating its motions in the bladder; it is furnished with a stop-cock.

2d. The syringe of silver, capable of containing about a pint of fluid, furnished with two rings, one on each side of the syphon for the insertion of two fingers, rendering it manageable with one hand only.

3d. "*L'instrument à trois branches, avec un foret simple*," designed by Le Roy, adopted by Civiale, consisting of a canula, three tenacula, and the drill. This suffices to crush stones equal in diameter to the drill; but to destroy a larger stone, several perforations are necessary, which consume a great deal of time, and some risk is incurred from the entanglement of the claws. To obviate these difficulties, the Baron has devised the following means:—

4th. "*L'instrument à trois branches, avec le mandrin à virgule*," is applicable to stones of from eight to ten lines in diameter; by an ingenious contrivance, a shoulder ("*la virgule*") is thrown out sideways from the head of the drill, and, in its revolution, excavates the calculus. For stones of larger diameter, another contrivance is produced.

5th. "*L'instrument à quatre branches*," or "*pince à forceps*." Here are four claws, forceps-shaped, which may be moved conjointly or separately, so as to obviate every change of entanglement. One of the claws has a button-point, and may be thrust further forward than the rest, and prevent (in case the fluid escape) the bladder from embracing the instrument too closely. The "*pince à forceps*" is adapted to stones of from twelve to eighteen lines in diameter, and is furnished with a "*mandrin à virgule*," the "*virgule*" of which makes a larger excavation. In case the stone, or a fragment of it, should escape from the claws of the "*pince*," the fruitful imagination of the Baron has supplied a remedy; the "*mandrin*" is withdrawn, and a very delicate instrument consisting of a canula, a steel rod, and three very fine elastic tenacula are introduced, the substance is seized and replaced within the jaws of the larger instrument, and the process of its destruction is resumed. The prehensile property of this little instrument is truly admirable. The "*pince à forceps*" consists of nineteen different pieces.

6th. To break down the shell thus formed, as well as small and flat stones with facility, another contrivance was necessary. To fulfil this intention, our friend the Baron has constructed an instrument which may be termed his masterpiece. "*Le brise coque*," or "shell-breaker," is very complicated in its structure, consisting of not less than twenty-five pieces. Its primary, essential parts ap-

pear to be two parallel steel-rods, contained in a circular silver canula, about the third of an inch in diameter; the extremities of these rods, when thrust forward from the canula, expand by their own elastic force, and are seen to be forceps-shaped and serrated; the stone is grasped with facility, by a motion similar to the lateral motion of the jaw, and ground to powder in a few minutes. Sir A. Carliale expressed his conception of this process, by exclaiming, "it chews the stone." The machinery by which this is effected is concealed from view, and some reserve is shown in answering questions on this point. The facility of using the "*brise coque*" is, however, very evident; after its introduction, the instrument is held in the left hand, and the effect desired is produced by a movement of the handle, from side to side, by the right hand.

The Baron showed the effects of these different instruments on artificial calculi. The visitors were delighted with his ingenuity, and Mr. Thomas, the president, politely told him he would consider of what means could be adopted to bring his claims before the professional public.

M. Le Baron de Heurteloup is a man of extensive medical knowledge, and very prepossessing manners, and explains everything with the greatest simplicity and candour.

On Friday, the 24th, the Baron operated on a patient sixty-four years old, at the house of Mr. White; the stone was about fourteen lines in diameter, and the operation was concluded in fourteen minutes. The particulars of this case will appear in due time in this Journal.

## ST. BARTHOLOMEW'S HOSPITAL.

### TYING THE COMMON CAROTID ARTERY.—DEATH.

JOHN MASON, *ætat.* 38, married, a tailor, of rather short stature and sallow appearance, was admitted into Luke's ward, under the care of Mr. Vincent, July 16, with an aneurismal enlargement of the right carotid artery, originating, apparently, close to the bifurcation of the common into the internal and external carotids. The tumour is rather larger than a turkey's egg, and the pulsation in it distinctly apparent to the eye. It is tense to the touch. The pain, which extends upwards along the whole of the side of the face and head, is very great. The pain is much increased when lying down or when touched. The patient is comparatively easy while sitting up. Deglutition is performed with great diffi-

culty. The aneurism made its appearance about seven months ago. The patient has, to the extent of his circumstances, been very intemperate in his habits of life for a long time past. Having consented to the performance of the operation, and, indeed, being urgent that it should be performed, in the hope that by it he will be freed from the very severe pain he is now labouring under, he has been put on milk diet, and ordered common aperient medicine, and the operation is appointed for Saturday.

#### OPERATION.

July 18.—He was brought into the theatre at a little before one o'clock, blindfolded. When placed on the table he urgently solicited to have the handkerchief removed from his eyes, but through the advice of Mr. Stanley he was persuaded to submit to its continuing as it was. On leaning back upon the table and resting his head on a pillow, very little alteration appeared to have taken place in the tumour. No doubt whatever existed as to its character, and the object was to tie the common carotid. Commencing the operation with this view, Mr. Vincent, with a common scalpel, made an incision through the skin and integuments, close to the inner side of the sterno-cleido-mastoideus, about four lines from the lower part of the swelling, to within about an inch of the upper edge of the clavicle. The incision was subsequently slightly extended in both directions, and must have been an inch and a half in length. The omo-hyoideus and sterno-hyoideus having been thus exposed, they were carefully drawn aside, and the cellular tissue was divided, partly with the point, and partly with the handle of the knife. The fascia was cut through, and the opening having been made into the sheath containing the vessel, by means of a curved aneurismal needle, one ligature was passed from without inwards, round the artery, and the vessel tied. The artery, at the part where it was tied, was situated particularly deep, it seemed to have formed quite a little pit. After the ligature was fixed, several gentlemen, at the invitation of the operator, approached the table, took hold of the ligature, raised the artery with it, and satisfied themselves and others, that nothing whatever was contained within the ligature but the bare vessel. In the course of the operation, the *nervus descendens* was seen lying on the tumour. The internal jugular vein was never seen, nor did it occasion the slightest inconvenience. From the moment at which the ligature was tied, pulsation in the aneurism ceased. Twenty minutes and a half were occupied from beginning to make the external incision to the full exposure of the vessel; and in another minute the further current of blood was put a stop to. The

next proceeding was, to bring the external coverings together; they were held in contact by one suture, and strips of adhesive plaster. Simple dressing was laid over this, and the patient carried to bed. Before he was removed, however, he said he felt much easier than he had done before the performance of the operation, and the tumour had become both smaller and softer. The operation was conducted most cautiously, and completed with great neatness. Many eminent practitioners, both of this town and from the continent, were amongst the spectators, who filled the theatre almost to suffocation.

In about half an hour after the removal to bed, twitchings of the muscles on the right side of the face were observed; and on more minutely examining into the patient's condition, *hemiplegia* of the left side was found to have supervened. All motion was gone, though sensation had not entirely disappeared. Sensation of the right side and extremities was partially affected; and a sort of spasmodic or tucking up of the right thigh upon the pelvis, at intermissions of two or three minutes, also came on. The skin became hot. Pulse full and 120. Resiliency of all the parts capable of motion. Thirty ounces of blood were, by his board, stated to have been taken from his arm and left temporal artery; an opinion, however, prevailed, that the more accurate estimation would have been twenty ounces. As some of it escaped into the bed, it was not accurately measured. It was not inflamed. Ordered to have the saline mixture, with half a drachm of the tartarised liquor of antimony, every four hours.

19th. The bowels have been freely relieved; but the forces as well as the urine pass involuntarily. Much the same. Deplete again to sixteen ounces.

*Hyd. submur.* 4 grains.

20th. Repeat the powders every four hours, and apply a blister to the neck. Administer an injection. Pulse very weak, and not warranting further blood-letting. The last blood taken was in fact reabsorbed. If the pulse varies and calls for it, deplete again towards night.

21st. The bowels have not been moved since Sunday. The paralysis of the left side continues permanent. The twitchings of the face and right thigh are as frequent and severe as ever. It is with great difficulty that the tongue can be seen, the patient being unable to open his mouth to any extent, and even when in his attempt to open it he succeeds so far as to permit its tip to appear, he cannot continue it out for more than two or three seconds. Tongue coated but moist. Is perfectly sensible. Says he feels a little better. Pulse rather full and quick. The tumour has become as large as it was before

the operation was performed. It feels more tense, too, than it was. Has considerable difficulty in swallowing and in attempting to speak. The wound has been dressed to-day for the first time since Saturday. Adhesion of the lips is perfectly complete, nor is there any redness (save the slightest degree immediately around the union of the parts) or inflammation in the neighbourhood. Sleeps very little, dosing only for a few minutes together, in the night as in the day. Ordered to have julep, and to get the bowels again well evacuated.

The bowels having refused to yield to the more common aperients, the third of a drop of croton oil was given, the desired effect following very speedily. Tongue still foul; pulse weak and quick; motions and urine pass involuntarily; the twitchings not so violent. In other respects much the same.

23. Slept last night pretty well, better than he has done. Last night the head was shaved, and a blister applied over the summit of the scalp, which remains on. From rather the early part of yesterday till towards the evening, the twitchings were by no means so frequent as formerly, but in the evening they returned at intervals of a few minutes, and have continued. Paralysis and state of sensation the same. Tongue foul; when desired to show it, he succeeded, after some lapse of time, in complying with the request: he has a difficulty in returning it into the mouth. By considerable effort, is just able to say "thirsty," and in a very feeble and under tone, "drink, drink." When drink is offered to him through the means of a tea-pot, he assists himself to it as much as possible, by partly raising his head from the pillow. Pulse weak, and

24. When asked if he is in any pain, he rubs his hand over the pulse region. Some think the tumour is rather increased in size, but if it be, the increase is inconsiderable.

24. Has been sensible all day, but unable to speak. During the day, the symptoms have been much as before, the patient gradually sinking. At 9 o'clock p.m., the pulse at the wrist could not be felt, and in rather less than two hours afterwards he expired.

#### *Post-mortem Examination.*

25. After the operations of to-day were performed, Mr. Vincent was pleased to follow up the useful and laudable practice adopted on the preceding Saturday, of ordering the subject to be brought into the operating theatre, there to be examined before all who were anxious to see, and by a gentleman capable of efficiently conducting the dissection. The subject was placed on a large table in the area of the theatre, and the parts dissected by Mr. Stanley, Mr. Vincent standing by the side of the table during the time.

**Head.**—On cutting through the integuments, there was found to be slight serous effusion into the subcutaneous tissue, the result of the blister. A little effusion of blood upon the scalp, around where the temporal artery had been opened. No unusual degree of vascularity on the external surface of the dura mater; its internal surface natural. The veins of the brain below the pia mater more turgid than is frequently observed; those on the left side more so than those on the right. More vascular appearance on the left than on the right side. Slight watery effusion into the cellular tissue of the pia mater on the right, but comparatively none, if any, on the left side. Placing a finger on the hemispheres of the cerebrum, the left felt rather softer than natural, and the right almost as soft as custard. On slicing off a portion of the left, very numerous bloody spots immediately appeared, and the substance of the brain was still found to be somewhat softer than usual. Towards the corpus callosum, it became more firm. The bloody spots as before. (Colour natural.\* Not more than three or four drachms of water in the left lateral ventricle. By no means so many bloody spots are visible when the right hemisphere is sliced. On this side, the brain is completely changed into a thick creamy substance. The change most complete, superficially. From the depth of an inch, it becomes more firm. Near to the corpus callosum, and an inch from the side of the brain, there is about as much of the substance as would fill a tea-spoon completely disorganised, forming quite a pulp. Towards the lower part of the brain, it assumed throughout very much of the natural consistency, is of the usual colour, and the arteries appear, both underneath and throughout the organ, not larger than common, and are all sound.†

**Neck.**—The platysma myoides very unusually strong. The descending branch of the ninth pair of nerves, seen in the operation, proceeding down external to the sheath of the vessels, and immediately over the tumour. Not a drop of pus, nor the least suppurative process, about the parts that

were cut through in the operation.\* The aneurism arose at the bifurcation. The artery plugged up with coagulum below the ligature to its origin, an inch and a half in length. The sac filled with a mixture of fetid coagulum of blood and pus. This was considered an unusual circumstance, the result of inflammation; and the commencement of the process indicated by the enlargement of the tumour on the second or third day after the operation. Nothing included within the ligature but the artery.

**Aorta.**—The arch inflamed externally. On cutting it open, its coats appear thickened by disease; the trunk generally enlarged. Looking at the internal surface, a tuberculated appearance is visible between the coats; the disease extending from the origin, to where the vessel dips into the posterior mediastinum. The valves healthy.

**Heart and Lungs.**—Healthy.

#### EXTRAORDINARY CASE OF EXOSTOSIS.

WILLIAM HARRIS, *stat.* 53, rather under the common size, of dark hair and emaciated appearance, was admitted, July 10th, into Powell's Ward, under the care of Mr. Earle, with an immense enlargement of the upper part of the right thigh and ilium. States, that he has been a gentleman's servant for forty years, and that, until within ten days of his admission, he was able to walk about with the aid of crutches. Thirty-seven years ago, he received a severe injury on the upper part of the thigh, in consequence of the rearing of a horse he was riding, which fell back upon him; was then taken up, and considered for a time lifeless. In the course of a short time, however, he recovered, and was, as he considered, perfectly well, though he dates the origin of the disease from that accident. Twenty-five years ago, he was again thrown from a horse, by which the upper part of the same femur was fractured. Union took place; he recovered from the injury, and for twenty years afterwards was able to ride, play at cricket, and take other exercise with the greatest ease, though he felt slight pain, occasionally, in a part very closely connected, as he describes, with the head of the femur. About five years ago, the outside of the upper part of the thigh began to enlarge, and became more and more painful; this progressed slowly for a couple of years, when he made his appearance at this hos-

\* It is worthy of note, that the patient's head lay on the left side almost the whole period from the performance of the operation till his death.

† "I don't think the softness we have observed could have existed prior to the performance of the operation. In my opinion, it must be regarded as the result of inflammation of the brain. It is remarkable, that much the greater degree of softness has been found on the side on which the circulation was the least."—*Mr. Stanley.*

\* "The parts have proceeded to heal so kindly, that I am sure, if the patient had lived another week, so far as the wound was concerned, the neck would have been perfectly well."—*Ab. Stanley.*

pital, after having been under the hands of many practitioners. He was seen by Mr. Lawrence, who considered it a clear case of exostosis, but whether it had commenced in the femur or the bones of the pelvis, he felt at a loss to decide. The tumour has gone on increasing ever since. It now occupies the whole space of the dorsum ilii, projecting over the sacrum, enveloping the upper part of the femur in every direction, and ascending, as it were, under Poupart's ligament, into the pelvis. The largest part of it must measure at least twice as large round as the patient's thorax. Rather lower than at the middle of the thigh externally, but higher up internally, the growth begins to taper, but to the very extremities of the toes the limb is immensely enlarged. On the inside of the upper part of the thigh, the tumour is red, and a little excoriated. A portion of the posterior part of the buttock is going actively into a state of slough. There is a projection near where the trochanter major ought to be felt, where, also, the integuments are preternaturally vascular, and where the least touch gives excruciating pain. The other parts of the skin are not much, if at all, changed from their natural appearance, except from a little above the knee downwards, where it presents the colour of an anasarctous extremity. In passing the hand over the upper part of the tumour, it affords, in most parts, a tuberculated sensation; and, generally, slight pressure gives no pain. The natural temperature is greatly increased. For a long time the hip-joint has been immovable. The patient's countenance is haggard and anxious, presenting all the appearance of his having long laboured under a destructive disease. The tongue is brown in the middle; he is very thirsty; pulse weak, and 142. Complaints of pain across the chest, and difficulty in inspiring. Has a cough, and expectorates slightly. Can get no rest, especially during the night. The bowels are freely opened; indeed he has had a purging for the last two or three days. Ordered a linctus for the cough, a blister to the chest, three grains of Dover's powder, and four grains of quicksilver, with chalk. The surgeons having all examined the case, consider it one of exostosis, or osteosarcoma, not only of the femur, but, in all probability, of the bones on this side of the pelvis.

#### *Post mortem Examination.*

18th. Three or four days ago, a large portion of the posterior part of the femur sloughed, and afterwards the discharge was very considerable; the irritation of the bowels likewise continued until last night, or, rather, early this morning, when the patient sank. Mr. Stanley ordered the body

to be conveyed from the dead house into the operating theatre, that a greater number might have the opportunity of inspection, than the former place could possibly contain, if the examination were conducted there. The subject was accordingly laid on the table, and Messrs. Stanley and Skey proceeded forthwith to reflect the skin and integuments from the diseased part, commencing at the crista ilii, and terminating just below the knee joint. In this part of the dissection, a great portion of the sero-purulent bloody fluid escaped. They then made an incision along the outer side of the thigh, through the soft parts, and next carried the saw along the same track, through the bony substance, dividing the diseased part into two sections. Mr. Stanley, after examining the parts minutely, made the following observations:—

"Gentlemen, I believe most of you are as well acquainted with the history of this case as I am. The patient stated, that it began about thirty-seven years ago. He then received a blow on the thigh; the thigh was afterwards broken, and, indeed, he made some indistinct statement about the bone having been broken twice. It is clear, from the sections I have made, that it has been broken once, for there is evidently the appearance of the union of a fracture. He stated, that for many years the growth was very small, and that it was only within the last six or seven years it had begun to increase in any marked degree, it having retained its present enormous magnitude since that period. The man came to the hospital two or three years ago; a cast of the thigh was then taken, and those who saw it had no doubt of its origin; they were of opinion that it grew from the femur, and regarded it as a case of common exostosis. The present view justifies that opinion. The origin of the bony growth, in my judgment, has been from the femur. Whether it originally grew from the periosteum or medulla, I will not undertake to say. The tumour is very firmly united to the femur, which is changed in its texture, and so far is the opinion warranted, that it grew from the medullary substance, and not from the periosteum. Now all the parts more immediately connected with the femur consist of bone, intermixed with a very small quantity of soft matter, so that this would decide the case to be one of osseous exostosis. As to the part which forms the bony circumference of the exostosis, it is formed of soft matter, containing cells, the parietes of which consist of moderately firm gelatinous substance, from some of which, fluid has escaped, in others suppuration has taken place, and in a third set, the semi-transparent substance is too firm to make it escape; so that, like other bony tumours, the whole

presents a mixed combination of bone and soft matter; that soft matter consisting of cells, and those cells being formed as I have stated. The soft part of the tumour seems to have gradually extended into the pelvis, under Poupert's ligament. How the bones of the pelvis have become implicated, I do not know, but the disease seems to me to have originated in the femur. The question has been often put since this case came into the hospital, whether it might not have been considered a curable disease? If it had been examined carefully in the incipient state, probably it might have been got rid of by amputation of the limb. I cannot speak positively with respect to the part of the femur, in which the disease first made its appearance; and those who saw it in its early stage, may have thought it began so high up, that nothing short of removing the limb at the hip joint could have afforded any hope of cure; to such an expedient they very likely did not think of resorting."

Mr. Stanley proceeded a little further with the dissection, by which he ascertained, that the joint must have long ago been completely destroyed, and that the bones of the pelvis were implicated in the disease. Still, from the history of the case, he was inclined to abide by the opinion he had delivered, that the growth originated from the femur. Cutting into a portion of the tumour that occupied the inside of the pelvis, it presented, throughout, specks of bony substance.

The case, both before and after death, excited great interest.

### GUY'S HOSPITAL.

#### FRACTURE OF THE TIBIA AND FIBULA.

On Tuesday, July 25, a girl, apparently sixteen years old, of a fair complexion, but dark eyes and black hair, was brought into the operating theatre, for the purpose of undergoing an operation in consequence of a simple fracture of the right tibia and fibula, which had taken place some time since, and of which non-union was the result. The fracture was situated about one-third above the ankle-joint, and that portion of the extremity below the separation was bent backwards, forming an obtuse angle with the upper, and had become permanently fixed, with the exception of a very slight motion. The superior extremity of the lower fractured portion of the tibia was slightly curved, which gave the parts somewhat the appearance of a second knee.

Mr. Key made an incision about four inches in length along the anterior surface of the tibia, crossing the fracture, and clear-

ed the integuments, cellular membrane, and periosteum, from the bone, the whole length of the wound, by means of a scalpel, so as to lay it completely bare from its coverings; there was now perceived an evidently new joint, which had been formed by means of a ligamentous capsule; this was bent out through, and the two extremities of the bone were cleared from their attachments of soft parts; there was some bleeding, which was kept sponged up by the dresser, further hæmorrhage being prevented by the tourniquet, which had been previously applied over the femoral artery. The two extremities of the tibia were now removed in succession, by means of the saw and bone-nippers (about an inch and a half from the lower portion, and, from the upper, half an inch). The operator next attempted to remove the ends of the fibula with the bone-nippers, but this was only effected to a small degree.

There was some difficulty in accomplishing the intended object, which was evidently to straighten the limb, and produce an union of the extremities of the fractured bones; and, at the distance at which we were placed, it appeared to remain just as at the commencement of the operation. The process was a very tedious one, and the girl became much fatigued, and appeared as if her strength was greatly exhausted from pain and exertion. After she had been on the table an hour and a quarter, Mr. Key asked the patient if she thought she should be able to bear any further attempt, or whether she would consent to have the limb amputated; which, he said, could be effected in a minute and a half, stating, at the same time, that he thought she could not support the restorative process. The patient having readily consented to the latter, the limb was then removed by the circular operation in three minutes.

### ST. THOMAS'S HOSPITAL.

#### CASE OF CHRONIC STRUMOUS OPHTHALMIA, WITH GRANULAR LIDS, NEBULÆ, AND VASCULAR CORNÆ.

THOMAS HOLLAND, a young man, twenty-two years of age, was admitted into this hospital on the 11th of June, under the care of Mr. Tyrrell, with chronic strumous inflammation of both eyes, presenting the following appearances: there was considerable vascularity of the sclerotic conjunctivæ, and red vessels seen ramifying over the corneæ, with a diffused and superficial opacity, (termed nebula,) more so on the right than on the left eye, and with the former of which he perceived objects much less distinctly. The inner side of the lids presented

one uniform redness, uneven on their surface, and having a granular appearance. On minute inspection, the pupil and iris can be seen through the cornea of the left eye, but are scarcely perceptible in the other. no complaint of any pain, but says he feels a swimming sensation in the head, with some intolerance of light, as a remedy for which he wears a green shade; pulse rather quick, round, and small; tongue red, more especially at the tip and edges. On the day after admission, he was ordered a grain of calomel, and half a grain of opium, every night; the bowels to be kept open with sulphate of magnesia, and to have an issue made in each temple.

We visited this patient from time to time up to the 25th instant, the same treatment was persevered in; the bowels were kept freely open; and the issues continued to discharge freely; the swimming in the head had then entirely left him, and he was gradually getting better night; the vascularity was considerably diminished, and likewise the opacity of the cornea, more especially of the left eye, with which he could perceive objects quite distinctly; the lids also were not so red and granular. Since this report, the patient has been dismissed from the hospital, on account of improper behaviour.

#### LITHOTOMY.

On the 16th of July, Mr. Green operated on a healthy-looking boy, ten years of age, for stone in the bladder. As it would be needless to recite minutely the different steps of this operation, which was performed in the usual manner; suffice it to say, that there was some delay in the extraction of the stone, which was of the shape of a flattened pebble. The forceps had grasped it at its broad axis, consequently there was some difficulty in bringing it through the wound. The operator moved the forceps from above downwards, and from side to side, with a slow and gradual motion, so as to allow the parts time to dilate; still it was not effected without considerable force, as was evident from its coming through the external opening with a sudden jerk.

#### TUMOUR.

On Friday, July 24, Mr. Green removed a tumour about the size of a hen's egg, from the upper arm of a boy, situated over the biceps muscle. On being bisected after its removal, the tumour was found to contain in a sac in the centre of its substance, a quantity of earthy-looking matter.

An old man was afterwards tapped for hydrocele, and about eighteen ounces of water were drawn off. The scrotum was not injected.

#### OPERATION ON THE LIP

A portion of the lower lip was afterwards removed from a man thirty-five years of age, afflicted with cancer. This was performed by means of two incisions, including a triangular portion of the lip containing the diseased part. The first cut was made on the right side, rather more than half an inch from the diseased part, carrying it obliquely downwards to one inch and a half; the second was then made on the opposite side in a similar manner, but close to the diseased structure, to meet the lower end of the former. The edges of the wound were now brought together by sutures, and strips of adhesive plaster placed over.

#### HOTEL-DIEU.

#### ANEURISM OF THE AORTA, CLOSE TO THE ORIGIN OF THE INNOMINATA.

L. L., *et*at. 60, previously in the enjoyment of good health, became subject, in March, 1829, to attacks of dyspnoea, and difficulty of swallowing, which being, however, neither severe nor frequent, were hardly noticed by him, until they were accompanied by periodical fits of pain along the right side of the neck, extending up to the face, ear, and occiput; the pain appeared to shoot from the middle of the neck along the principal branches of the superficial cervical plexus. Under the use of leeches to the side of the neck, it somewhat subsided; but it soon returned with increased violence, and, at last, prevented him from continuing his usual occupation as a shoemaker. On his admission, on the 22d of May, the attacks of dyspnoea and dysphagia were very frequent, occurred without any regularity, and seemed to be unconnected with the fits of pain, which generally came on so very suddenly, that the patient compared them to electric shocks. The right angle of the mouth was slightly depressed, and the right eye half closed; he complained of headach and restlessness at night, which he attributed to the suppression of an habitual hæmorrhoidal discharge. Under the repeated application of leeches to the anus, the use of foot-baths, and aperient injections, the latter symptoms disappeared; and except the periodical attacks of pain, dyspnoea, and dysphagia, he appeared perfectly well. The case was treated as neuralgia; and M. Borie, under whose care he was, ordered the oxide of zinc, and the daily use of foot-baths, rendered stimulating by the admixture of mustard. This plan of treatment had, however, no effect; after the application of a sinapism to the neck, a slight remission appeared to take place, but it

proved transitory, and the attacks of pain became, a short time afterwards, as frequent and violent as ever. In the evening of the 28th of June, a blister was applied on the right side of the neck; and when, on the following morning, the pupil was dressing the sore, he observed a slight swelling above the right sterno-clavicular articulation; and, on closer examination, found that it had a distinct pulsation, isochronous to that of the heart, and accompanied by *bruit de soufflet*. On the 5th of July, this tumour had considerably enlarged, its pulsations were very evident, and accompanied with a loud sound; the action of the heart was regular, but feeble; the pulse at the wrists very weak. On the morning of the 6th of July, nothing unusual was observed in the deportment of the patient; he appeared very quiet, and got up as usual to take a walk on the bridge,\* when on a sudden he leapt over the parapet into the river, and, in falling, struck his head forcibly against one of the buttresses. The body remained in the water for three quarters of an hour, and was examined on the following morning. The vertebral column was found fractured in several places, the spinal chord lacerated, and a great quantity of blood extravasated between the membranes. The subcutaneous cellular tissue of the right cervical region, especially in its anterior and lateral portion, was infiltrated with dark-coloured blood; between the external edge of the sterno-cleido-mastoid muscle and clavicle, a stratum of firm cellular tissue was found, which, on more accurate inspection, proved to form the paries of a large cavity filled with fluid and coagulated blood. On opening the arch of the aorta, the innominate was found to be healthy; distinct from its origin, but very close to it there was another circular aperture nearly of the same size as the lumen of the innominate, with a smooth edge, and leading into the cavity of the aneurismal sac, which extended backwards and downwards into the posterior mediastinum, laterally from the right brachial plexus over the trachea, almost to the left carotid, and upwards, as far as the origin of the anterior scalenus. The trunk of the innominate, as well as the right carotid and subclavian, was perfectly healthy, and closely adherent to the tumour, the parietes of which were formed by a thick layer of firm cellular, and, in some places, fibrous, texture; that part of the aneurismal sac which was situated above the clavicle was rather soft, greatly infiltrated with blood and serum, and evidently less organised, and of a more

recent formation than the lower portion, which had most probably existed even prior to the first occurrence of the dyspnoea and dysphagia. The right lung was covered with a large quantity of blood, which was found to proceed from a rupture of the tumour into the posterior mediastinum. The heart was of the usual size; the left ventricle much thickened, and its cavity very small. The aorta was covered with whitish yellow patches, the internal membrane was not diseased, but rendered uneven by stentomatous matter deposited between it and the muscular coat.

The periodical attacks of pain to which the patient had been subject may be readily accounted for, by the pressure which the tumour must have exerted on the pneumogastric, recurrent, and phrenic nerves, the brachial plexus and cervical ganglia. The inferior rupture of the sac into the cavity of the pleura was, in all probability, caused by the fall; the superior one would seem, however, to have taken place some days previous to the death of the patient.—*La Clinique*.

## TO CORRESPONDENTS.

COMMUNICATIONS received from J. L.—Scrutator—Scrutator—Philo-Lawrence—C.—Mr. Bradfield—Mr. Henderson—Mr. James—and Mr. Frazier.

The remainder of Guy's Hospital reports next week.

We do not see the wit of the double letter from Bristol, with a printed Quack's bill, the postage of which was not paid. It is returned to the post office.

Several of our correspondents must grant us the indulgence of another week. Several letters have been mislaid, and we are prevented, therefore, replying to any of them.

## RECEIVED FOR REVIEW.

Medicine no Mystery; being a brief Outline of the Principles of Medical Science; designed as an Introduction to their general Study as a Branch of a liberal Education. By JOHN MORRISON, M.D., A.B. of Trin. Coll. Dub.

## ERRATA.

In Mr. Lanyon's paper, this vol. p. 57, col. 1, line 8, from top, for "one drachm-and-a-half," read "one ounce-and-a-half."

Page 57, col. 2, line 18, for "asphyxia," read "insanition."

\* The two portions of the Hotel-Dieu being situated on different sides of the river, are connected by a covered bridge.

# THE LANCET.

Vol. II.]

LONDON, SATURDAY, AUGUST 6.

[1852-3.]

## LECTURES

ON THE

DISEASES OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

### LECTURE XXXII.

*Of Discharge of Membrane from the Uterus.—Dysmenorrhœa, and the External Organs of Generation.*

WOMEN sometimes labour under a discharge of membrane from the uterus, which membrane may vary in its superficial measure, the piece being sometimes no broader than the nail of the little finger, and sometimes as broad as a half-crown piece, or broader, not to mention the intermediate measures: observe the preparation. This membrane, on the one surface, is smooth, on the other, usually rough and shaggy; and it certainly bears some little likeness to what is called the *tunica decidua* of the ovum. Month after month, when menstruation should occur, this membrane may pass away; and along with it there may be red discharge, not of the catamenial kind, but sanguineous, and with concretions, and there is frequently pain, of a cutting, grinding, forcing nature, not unlike the pain of miscarriage.

To this disease, which is exceedingly troublesome, though not dangerous, various remedies have been applied with little avail, and I shall, therefore, enlarge the less upon it, as I cannot prescribe any effectual cure. Carbonate of iron, preparations of myrrh, preparations of mercury in alterative quantities, have all been administered in their turn, but they have not been found to exert any very certain curative influence. I think Denman recommends a solution of the sulphate of zinc in camphor mixture, as appearing, in some cases, to be of service; it is to be used in the way of uterine injections, and not taken into the stomach. The most effectual cure of all,

not always offensive to the sex, is impregnation. Denman is under a mistake, when he says that women labouring under this disease, are incapable of conception; for though conception does not generally take place, yet it is by no means impossible. One of the first recorded cases of this kind is related by Morgagni; and this was the case of a Florentine lady, who, at his suggestion, separated from her husband for a time, that different remedies might be tried. Tired with medicines which were employed without success, she again cohabited, became pregnant, carried the ovum for three months, and then miscarried. During the whole time of the pregnancy, of course (menstruation being suspended) she remained clear of the disease, and for some months afterwards, but, ultimately, it recurred. Now this case shows impregnation may be accomplished, and that where this impregnation occurs, the disease may certainly be cured for a time; nor is it unreasonable to hope that a permanent cure might be obtained, at least in some cases, provided the fetus were carried for the full period of nine months, as it seems evident that by a pregnancy complete in all its parts, a thorough change must be made in the condition of the uterus.

It is of no small importance to the female character that you should be well acquainted with the disease I am here considering. To miscarriage it bears a great resemblance—the great feelings are the same; the pains, the eruptions of blood, the escape of membrane, are, altogether, enough, in a country town, to set every tongue in motion; and perhaps the only peremptory and decisive difference between the two affections, that in miscarriage there may be an embryo, but in membranaceous menstruation, neither the embryo nor its parts are ever seen. This disease, I am fully satisfied, may occur in women of undoubted honour. Nor is it difficult, in part, to explain this. When conception and formation occur, the deciduous tunic of the ovum is not formed by the rudiments, but it is generated by the inner membrane lining the uterus, as extra-uterine pregnancy proves. The action, therefore, which produces the membrane of which we now treat, is one to which the

lining membrane of the uterus is by nature prone; but in generation this action is excited by the stimulus of the male fluid, and in this membranaceous affection it occurs spontaneously. I presume that the membrane is gradually formed during the intervals between the catamenia.

Here are two beautiful specimens of the membrane discharged under this disease; you may observe that the surface which lies towards the uterus is rough, while the internal surface is smooth and polished. The one specimen larger than the other, is of the exact form of the uterine cavity, so as to show pretty clearly that it was formed within the uterus. For one of these preparations, I am indebted to my able friend, Mr. Gaiskell, of Rotherhithe.

Still more frequently you find women are assailed with another disease, the *dysmenorrhœa*, properly so called, a painful menstruation, independent of a membranaceous discharge. Now under this disease, in the severer form of it, women are dreadful sufferers, and look forward to the catamenial period, and not without reason, with some degree of terror, for they are affected with various pains not easily described, and which are felt about the centre of the body, back, front, in the abdomen, hips, and thighs. In some cases the pains are moderate, in others so great, that the patient rolls about in bed, and ultimately, under the excessive excitement, becomes slightly delirious. It is remarkable, that in the severer case, which I am here describing, there is frequently a great deal of tenderness of all the muscles incumbent on the painful parts, inasmuch, that the woman can scarcely bear that you should compress them. Irritation of the bladder, and an imperfect action of the uterus, with sparing menstrial discharge, are common in this disease; the menstruation may continue four or five days or more, and during this period the pain may be severer at one time than another; it may too, remit from one day to another, and generally terminates as the menstruation ceases. Severe as the pain is, women under this disease have scarcely any febrile excitement; and if they lie but tolerably quiet, I think you will not be general and find the pulse above 108 or 110 in the minute.

For the *dysmenorrhœa*, I regret to say it, we know, with one exception, of no certain remedy. Alterative medicines, in the severer cases, are certainly of little benefit. Mercury has been given so as to act on the mouth. Preparations of iron have also been administered. I do not say those medicines are altogether without effect, or ought not to be again tried with caution; but you ought not to be profuse with your promises, for a man must, I presume, be hungry indeed, before he can willingly

subject himself to the risk of having to eat his own words. Leeches above the symphysis pubis, or leeches upon the orifice of the vagina may, in some cases, be tried with apparent benefit; but failure is, I fear, common. Opiate suppositories for the rectum, and the warm hip-bath, or the warm slipper-bath, are sometimes beneficial; and in one very severe case, the last entirely under my own care, and the only one so treated—the sulphate of quinine in free doses, before the disease commenced, appeared to operate as a very effectual palliative. Of course anodynes, in sufficient quantity, palliate; they ought to be commenced before the pains are fully formed; be careful that you do not impair the general health by your anodynes. It is remarkable that *dysmenorrhœa*, though so painful, does not necessarily do much damage to the general health. This reminds me of the remark of a certain surgeon to a complaining friend of mine who suffered dreadfully;—"it, what's pain!" The remark was amusing, and excited resentment, but it contains a useful truth. Pain in itself is not necessarily dangerous, nor will it justify violent remedies. But what is that expective remedy for *dysmenorrhœa*, at which I before hinted? Why it is—a husband. This disease does not necessarily produce sterility, and, I think, there is reason to hope, that after three or four children have been produced, the state of the uterus would become completely changed, so that a cure might be expected; for, after all, the seminal fluid is the most effectual alterative for the genitals. Nor must we forget that as long as the woman is pregnant and suckling, so long, at least, she certainly remains free from the disease. The removal of the ovaries would probably cure this distressing affection, but you will not suppose that I recommend it. In the last and worst states of this disease, arsenic, an acknowledged remedy for periodical affections, may deserve a trial.

It has been suggested by Mackintosh, that the *dysmenorrhœa* depends on the coarctation of the mouth and neck of the womb. This opinion deserves much attention from us in future cases; whether erroneous or not, it certainly is ingenious and plausible, and has much the air of one of the happy thoughts of genius. In the present state of my knowledge, I am not prepared to judge.

#### *Cessation of the Catamenia.*

In this climate it is usually about the 45th year that catamenia cease to flow, in some sooner and in some later; and, not to mention Sarah and Elizabeth, of consecrated memory, even among ourselves women have borne children at the more advanced periods of life. In some women the cessation of the

catamenia takes place very suddenly; month after month the woman goes on menstruating regularly, and then there is a sudden stoppage of the discharge; but more frequently, perhaps I might add more naturally, it stops gradually; the patient misses a period, and is then again unwell; she misses a second time, and then at a more remote period the discharge again makes its appearance, and so on, at first more copiously, then more sparingly; thus the action sometimes continuing, sometimes ceasing; sometimes augmenting, sometimes decreasing; in this gradual and preparatory manner it is superseded altogether, and ultimately the system suffers but little inconvenience. As the cessation of the catamenia is, as you all know, a natural process, of course the majority of women do very well; and though females look on to this part of life as a critical period, yet they will, in general, find that their apprehensions are groundless. Still, though the majority of women do well under this process, yet not all, for there are different affections that seem to be more apt to occur about this time; thus it is by no means uncommon for women, at this period, to acquire more flesh than formerly; or if previously corpulent they may now become more slender. Now an overload of the animal oil may produce a good deal of inconvenience, and is certainly to be deprecated; lax bowels, occasional bleeding from the arm, spare diet, exercise, and abstinence from a beverage so much drunk in this metropolis as porter, should, by all means, be recommended in good time, for in cases of this kind it is easier to prevent corpulency than to relieve it by safe means. Some patients, however, are so prone to corpulency, that they would fatten on cabbage stalks.

At the cessation of the catamenia, a determination of the blood to the head is by no means uncommon, and flushings of the face, and throbbings of the carotids, and failure of the memory, and sometimes want of power in the arms and legs, and restless nights, and frightful dreams—these, and other results from afflux of blood to the head, are continually harassing them. Under this very troublesome disease women generally do well at last; in most cases, in the course of four or five years, the system gradually accommodates itself to the change, and then those cerebral affections cease, or are by no means very violent. Meanwhile it is the business of the physician to temporise and palliate. The hair may be removed, cooling lotions may be applied, cold shower-baths may be suffered to fall on the head itself, apart from the rest of the body; leeches may be applied to the temples, cupping-glasses to the nape of the neck, a little blood may be taken away occasionally from the arm, and the

bowels may be opened,—all these remedies may be tried; in a word, you are to recollect that in the disease under consideration, you have a sort of transfer of the increased action which used to subsist in the uterus itself to the vessels of the brain, and you must endeavour to overcome the effects of this action as much as possible, by endeavouring to keep the blood, as much as may be, away from the head, without inflicting any serious injury on the constitution.

At the time the catamenia cease to flow, I may observe, further, that we have sometimes a good deal of disturbance of the digestive organs, though not of a serious kind. I have no proof of hepatic disorganisation being apt to take place at this time, though some of my friends seem to think that they are more apt to occur now than at other periods. Inflation of the bowels, a want of appetite, gas in the stomach, constipation, and other chylopoietic symptoms—these are some of the principal affections apt to occur; in truth, they are little more than the simple symptoms of dyspepsia, and require treatment by the same methods.

It is said, too, that at the cessation of the catamenia, there is a greater disposition to cancer of the breast, or of the womb, than at other times. My own mind is unsettled on this point, but I incline to the affirmative; and as there is a persuasion among women, and among practitioners themselves, that there is a proneness at this period, it is well to keep a strict eye on the uterus, in order that if any dangerous symptoms occur, we may promptly have recourse to remedies.

When the catamenia cease to flow, we have been recommended to make trial of issues, setons, blisters, and so on, as a sort of substitute for the monthly discharge. Like a great deal more of the ancient practice, however, this has gone into the shade; but though I should by no means recommend it on ordinary occasions, yet in the more obstinate cases of diseased cessation, and when, more especially, the blood tends toward the head, these remedies ought not, I think, to be lost sight of.

#### *Tympanites of the Womb.*

Tympanites of the womb is a disease, under which gas forms in the uterus. I never met with a case in which the womb acquired a very large size, say that of an eight or nine months' pregnancy; this, however, is said to occur; but collections of gas in the uterus in smaller quantities, say to the measure of two or three ounces, are by no means of an infrequent occurrence. Hysterical women are very liable to an inflation of the bowels, so that the lower class denominate hysterics *wind*, and not inaptly. This gas,

I strongly suspect, is not evolved from food taken into the stomach, but is really a secretion formed by the inner membranes of the stomach and bowels. You will sometimes find your patient under a paroxysm of gaseous secretion, throwing herself on the bed, and eructating air from the stomach continually, for two or three hours together, many cubic feet being emitted, till the patient at length falls back upon the bed exhausted. A distinctly marked case of this kind I have met with myself, and Mr. Gaitakell has met with others. Now the tympanites of the uterus, of which I speak, occurs more especially in these hysterical women, and it is not impossible that just in the same manner as the inner membrane of the bowels secretes air, the inner membrane of the womb may secrete air also. Add to this, that air tumours have been found in the body without communication with the external surface, or with the cavity of the bowels; and that fish, many of them, regulate their specific gravity by an air-bladder, which may be filled with gas, or not, at pleasure, these bladders being well supplied with blood-vessels, and the air being most probably produced by an action of the will, the very function and office of the bladder seems to require this. Why, then, may not the uterus secrete gas also? Sterility is not a necessary result of this secretion of the air into the uterus; I have, myself, known pregnancies subsequent to tympanites, and I have known the disease to occur very soon after delivery, say in the course of three or four months.

When tympanites attacks the patient, it produces an uneasy feeling of uterine distention, and, the womb contracting, it may expel the gas, not always inaudibly, which is of course very unpleasant to the patient. On pressing above the symphysis pubis, the womb appears to be enlarged, and by this pressure gas may be expelled; hence to relieve the disease, the patient may occasionally retire to her bed, and lay her hand on the uterus, the proper place being pointed out to her, and then she may make a strong pressure there, partly with the hand and partly with the muscles, and thus part of the air may be expelled, though sometimes not very suddenly. If necessary, the region of the womb may be pointed out, but this is frequently indicated to the patient herself, without instruction from her physician, by a feeling of pain and distention in the part where the womb lies. This disease I have hitherto seen in married women only: it seems, as before stated, to be closely connected with hysterics, and perhaps with distress and agitation of mind. Drugs appear to be of little avail, and the best of all cures is pregnancy. During the continuance of the paroxysm, perhaps a tube

might be inserted into the neck of the uterus, and left there, with advantage, so as to give vent to the gas. No competent investigator can be at a loss in making a distinction between these vaginal emissions of gas, which are of uterine origin, and those which are derived from the intestines when the rectum and vagina are in communication with each other in consequence of some preceding disease.

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## FOREIGN DEPARTMENT.

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### NEW METHOD OF ARRESTING HÆMORRHAGE.

At the meeting of the Académie Royale de Médecine, on the 16th of July, M. Amussat communicated the details of his new method of arresting hæmorrhage from large blood-vessels without the aid of ligature, compression, or any other expedient hitherto employed. His plan is originally founded on the common observation, that lacerated and contused wounds are but seldom attended with hæmorrhage, which M. Amussat conceived, could not be accounted for but by some peculiar change, both of form and vital properties, which the vessels undergo in such lesions. He accordingly began a series of experiments, in which he tried to obtain the same results, and eventually found that the laceration, contusion, &c. of large vessels, in most cases, produces only a momentary suspension of the hæmorrhage, but that it is permanently arrested by a methodical *contortion* of the bleeding vein or artery. According to his experiments, he proposes the following plan:—the vessel being seized with a small pair of forceps, the branches of which are firmly fixed by a strong screw, is extracted, so as to be denuded for about five or six lines, and after having been isolated as much as possible from the surrounding cellular tissue, is held between the fore finger and thumb of the left hand, whilst the forceps are twisted five or six times, according to the size of the vessel, until the portion between the teeth of the forceps is lacerated; the artery then spontaneously retracts, and is distinctly seen and felt to pulsate, though the hæmorrhage is completely arrested. On close examination of the vessel, it appears that the internal coat, being divided in the same manner as by a ligature, contracts and forms a sort of ring (*bouffret*), by which the further exit of blood is obviated. It is of great importance to fix the extremity of the vessel between the fingers of the left hand, or else the contortion will be found to extend through the cellular tissue, as far as the next collateral branch.

M. Amussat has made a great number of experiments on rabbits, dogs, and horses, and asserts that he has constantly derived the most complete success from his method. The same results were obtained in two cases, (one of castration, and another of amputation of the thigh,) where it was employed on the human subject; he likewise tried its effect on ossified arteries in the dead body, and found it successful; it may be doubted, however, whether this will be also the case during life. M. Amussat observed, that although in horses the parietes of the vessels are of considerable strength, he has succeeded in arresting hæmorrhage both from the carotid and the jugular vein. In order to appreciate the value of his new plan in comparison with others, he has several times tied in dogs the crural artery on the one side, and contorted that of the other; in the two cases where fatal hæmorrhage ensued, it took place from the side where the ligature had been employed. Besides the great security of his new proceeding, M. Amussat considers it to possess great advantages over other methods, from its greater facility, its admitting of immediate re-union of the wound, and its being very easily applicable in many cases, where ligatures can hardly be applied, without the danger of including other organs. M. Amussat concluded his communication by strongly recommending his colleagues to repeat his experiments on animals; and in case they should be successful, to try the effect of his new method in cases of hæmorrhage.

COMPARATIVE EXAMINATION OF THE ARTERIES OF THE LOWER EXTREMITIES,

*Twenty-seven years after the Operation of Aneurism of the Popliteal Artery.*

By Professor SCARPA.

The subject of this examination was Giuseppe Fiorini, in whom, in the year 1801, the crural artery was tied for popliteal aneurism, and whose case is detailed in the author's great work. The operation was completely successful, and the patient, up to the year 1828, enjoyed uninterruptedly good health, so that he was never disabled from performing his duties as attendant at the civil hospital of Pavia; he never complained of any morbid sensation or debility in the right limb, on which the operation had been performed. In the beginning of 1828, Fiorini died, and Scarpa availed himself of the opportunity of examining the arteries of both lower extremities, the anatomical description of which he justly deemed of sufficient physiological interest to be imparted to the medical public. This treatise is contained in the *Annali Universali di Medicina*, vol. xlvi., Juny, 1828, from which we

hope an extract will prove acceptable to our readers.

The right femoral artery had been tied, shortly before its passage under the sartorius muscle. The common and internal iliac arteries, as well as the branches of the latter, and their anastomoses with the profunda femoris, were equal on both sides; the right femoral artery, both above and below the crural arch, was considerably larger than the left; and from an inch below the origin of the profunda femoris, down to a few lines above its division in the ham, it greatly diminished in size, and appeared to be completely obliterated; on closer examination, however, it was found that where it passed through the tendon of the great adductor, and for a short space above and below, its canal was not closed, though much smaller than the corresponding portion of the left femoral artery. On tracing the way by which the injected mass had entered from the upper into the middle portion of the femoral artery, it was found, that a branch of the third perforating artery communicated with one arising from nearly the middle of the still pervious part of the femoral, and that two inches below the insertion of this anastomosing branch, the inferior perforating artery\* originated from the femoral, and communicated with numerous branches of the ramus descendens circumflexus externus. It appears, accordingly, that the blood which the anastomosing branch of the third perforating artery had conveyed into the pervious part of the femoral, was taken up by the inferior perforating artery, and that the impulse of the entering blood being but slight, (on account of the smallness of the vessel,) and its exit unimpeded, neither dilatation nor complete obliteration of the femoral artery had ensued. If, on the contrary, the exit of the blood had been impeded, the femoral artery would very likely have been obliterated in its whole extent, or the operation not have been successful, from the communication persisting between the upper portion of the femoral artery, and the aneurismal sac. The popliteal artery was reduced to the size of a large violin-string, so that no trace of the aneurism remained.

The circulation from the pelvic portion of the right femoral artery to the lower portion of the extremity appeared to have been completely carried on by the deep femoral artery, the trunk, as well as the branches of which, were every where larger than on the left side. The two circumflexes were comparatively not much dilated, but the descending branch of the external circumflexa

\* According to Murray's nomenclature.—Vide Descr. Arterie femoralis, p. 319, f. 99.

was at least double its usual size, and the branches which the same artery sends off to the internal and external vastus, sartorius rectus, and crural muscles, were much larger and more numerous than on the left side, and freely communicated with branches which arose from the obliterated part of the femoral artery, and which at their origin were accordingly obliterated themselves. The three perforating arteries had increased to treble their usual size, and were tortuous; from the first perforating artery, a branch, of the size of a quill, was sent off to the ischiadic nerve, along with which it was seen running down to the knee; on the left side the corresponding branch could be hardly traced. The muscular branches of the two first perforating arteries were larger and more numerous than usual, and communicated with branches which arose from the obliterated portion of the femoral artery, and which were obliterated at their origin. Besides similar anastomoses from the third perforating artery, the latter vessel freely communicated with the inferior perforating artery, and by means of one branch with the pervious part of the femoral. From the lower ramifications of the profunda, circumflexa, and perforans inferior, the injected mass was traced to the arterial plexus, which is formed by the ramifications of the articular arteries, of which the external inferior only was completely pervious; the upper articular arteries were throughout obliterated; the internal inferior was closed at its origin, but three of its branches, which were evidently enlarged, were open, and appeared to have formed the principal link between the upper portion of the femoral artery and the tibial vessels. One of these branches communicated with the trunk of the recurrent tibial, the second with the upper portion, and the third with the middle of the posterior tibial. The recurrent tibial had increased to treble its usual size, and communicated very freely with the arteries of the thigh. In the popliteal cavity, the large branch of the first perforating artery, which was traced along the ischiadic nerve, divided into two branches, one of which was inserted into the anterior tibial artery, the other forming anastomoses with the inferior external articular.

#### VACCINATION.—DEGENERACY OF VACCINE.

(Communicated by JOHN FOXBROKE, Esq.)

SIR,—As THE LANCET is generally considered to be the most influential and extensively circulated medical journal in the United Kingdoms, I shall be obliged by your early insertion of the following important communication, —

#### ON THE PRESENT STATE OF VACCINATION IN FRANCE,

By DR. DELAGRANGE, of Paris.

(Translation.)

"I do not know if in England you have remarked the diminution of the antivenereal property of the vaccine, but, in France, we observe it every day. Many children submitted to the vaccine have had the small-pox, even the confluent, and many have been victims of that frightful malady. In vain have some physicians denied the degeneracy of the vaccine. That fluid, evidently, is no more what it was; it has no longer the same degree of energy; it produces not the same fever and pustules as formerly. The latter are less large, and present a less vivid areola; the elevation which borders the pustule is not so full and prominent, the surrounding skin is less shining; in general, the working of the tumour is less active; in a word, the pustule has neither the aspect nor the nature of the primitive vaccine; and what appears to me to prove this statement is, that those physicians here, who wrote upon the vaccine at the first period of the discovery, assert, that having inoculated different cows with it, it was perfectly developed, and being transferred from the teats of those animals to children, it succeeded very well, and proceeded as in vaccination transferred from arm to arm. This fact is attested by all who have written on the subject. In the mean time, I have often repeated this experiment upon young cows, and have never been able to communicate it. Most of the punctures which I have made, have healed without any inflammatory action, and those which have inflamed, gave origin merely to false pustules, the matter of which produced nothing upon the children who underwent the operation. Hence I conclude, as I have already said, that the vaccine is no more what it formerly was. It has evidently degenerated through the continuity of its employment, and to restore its efficacy, I think it will be necessary to return to its origin, and, henceforth, derive it only from the teats of the cow. This practice will preserve the vaccine in all its purity, and cause less inquietude to parents. It is known how much they dread its inoculation from arm to arm. It is a useless endeavour to persuade them, that the vaccine is not charged with some principle foreign to its nature, and that it will not become the vehicle of some contagious vice. They remark, that every vaccine pustule is developed at the expense (*aux dépens*) of the humours of the person vaccinated; and if the vaccinee is infected with some vice, it is impossible for them to believe in the innocuous nature of the vaccine

proceeding from such a source. Thus they reason, and this way of thinking inspires them with so much disgust towards it, that very few seek it, in spite of all our government has done to propagate it. The vaccine, then, is fallen into general discredit; and it may be said, at least in France, that it is upon the point of being absolutely abandoned, unless steps are soon taken to put an end to the cause of this rejection. This cause, I have just made appear, arises from the habit of vaccinating from arm to arm. To remove it, it is necessary to change this dangerous and repugnant method, and to take the vaccine *ex vivo* from the cow's teats, and thus determine parents to profit, without apprehension, by this precious preservative. As to myself, assured of the success which this new method of vaccination will find, I have made arrangements for an establishment, in which I propose to keep some cows, as depositaries of a virgin vaccine, (*vaccine virgine*), exempt from all reproach. With this view, I wish to procure some primitive vaccine, taken from the nipple of the cow, and nothing else. This condition is rigorous. Without it, experience has proved to me there could be no hope of success, and it would be merely labour lost to attempt it otherwise. Now if you think it possible to find this natural vaccine, of which I am in quest, I beg you to do me the favour of inquiring for it, and sending me as much as possible, in closed tubes that it may be secure from the contact of the air. By complying with this request, you will render my country a most important service.

"If it do not trespass too much upon your complaisance, I request you, after having collected the vaccine in the tubes, to reserve some drops from the cow's teats for experiment upon a child, and afterwards vaccinate another cow from the child, to make sure of the possibility of the transmission of the vaccine from a cow to a child, and *vice versa* from a child to a cow.

"DELAGRANGE. D.M.

"Rue Montmartre, No. 84, à Paris."

#### OBSERVATIONS BY MR. FORBROKE.

These are very different tidings from France, from those which were conveyed in the long and admirable reports which were transmitted in Napoleon's time to Dr. Jenner. It is clear, from the statements of this respectable physician, that vaccination is very rapidly declining in France, and if it go down there, it will as certainly go down all over the Continent; the evil report will readily cross the Rhine. It cannot arise from any lukewarmness on the part of the French government, for I copied myself, at Paris, last May, *affiches* which were posted up at the Garden of Plants, and

through all the *arrondissements* of that city, in which a reward of five francs per head was offered for every child that should be brought to be vaccinated at the appointed stations. I question if this is not more than would be done in England, if all the country were down with the small-pox. When I was living with Dr. Jenner, during the years 1800, 1, and 2, there was a great *hubbub* about the small-pox. It broke out with the great epidemic in the north, whence we had long reports from Mr. Hennen, who saw it at Queensbury house, Dr. Thomas, and others. It spread into England, and Mr. Cross, of Norwich, wrote an excellent book upon it, as it appeared there. It pressed close home to Dr. Jenner himself, and kept me occupied in assisting him to answer letters upon the subject. The results of that constitution of small-pox, which prevailed in those years, are very well known. It attacked many who had had small-pox before, and often severely; almost to death; and of those who had been vaccinated, it left some alone, but fell upon great numbers. The difference between the phenomena, when it occurred to vaccinated and unvaccinated subjects was, that with the former, the grave symptoms generally disappeared upon the coming on of the eruptive fever; and on account of some modifications of the pock, these post-vaccine diseases were called varioloids. Mr. Fry, of Dursley, and the medical men of Wotton-under-Edge, two towns densely populated with the cloth-workers, had numbers of their vaccinees attacked with this disease, but few or none died, and it was characterised, as I have stated. Mr. Fry drew up a faithful report of his cases, which would have certainly told well for the cause of vaccination, but he did not publish it. Well-informed country practitioners, I am sorry to say, are too diffident in publishing the results of their observations. The lymph which Dr. Jenner then used, and which he had kept in circulation three or four years about Berkeley, had been taken by him, not from the cow, but the horse, and never subsequently passed through the constitution. In fact, the disease is an equine, not a vaccine, pox, and, as he decisively ascertained before he died, obtained from vesicles which arise upon the skin of the horse's eye, in consequence of an erysipelatous infection excited by the matter of grease. It is the lymph in these equine vesicles, not the matter of grease, as he strenuously stated in his first work, "The Inquiry," which produces the preservative pox both in cows and men. It is possible that the disease may be propagated to other milch animals, for I have extracted an account from some country of a goat pox, which so resembled the vaccine, that the doctors inoculated with

it, and found it an equal preservative. However, this equine lymph of Dr. Jenner produced a vesicle, which, he declared, precisely resembled the natural cow-pox vesicle on the test of the cow, being of a greyish blue colour, (see plate in Jenner's Inquiry,) which is the distinguishing characteristic of the natural cow-pox, with a bold relief, a regular circular edge, a fine areola, in due course, and some surrounding tumescence of the cutaneous tissues. Certainly this is very different from the degenerated vesicle which Dr. Delagrè describes. Notwithstanding the high opinion which I entertain, from what I have witnessed, of the French faculty in general, and the incomparable system of their schools, since the abolition of medical colleges and corporations, I must venture to think, without disrespect, that they may have been committing some serious blunders in the conduct of vaccination, from inattention to, or perhaps ignorance of, certain rules which Dr. Jenner propagated, and may have thus produced the degeneracy of which they speak.\*

If the same pains had been taken in extending these rules, as in seeking a mare's nest in identifying chicken-pox, small-pox, and what not, half of the evils which have occurred, might have been prevented. They were the deliberate convictions of a translucent mind, and by far the best qualified to investigate the subject, obtained after many years' observation of facts, and witnessed by many of his friends. These important practical deductions were first published in the *Medical and Physical Journal*, No. 66, for August, 1804, and afterwards in a circular letter in 1821. The positions laid down were as follows:—

1st. That varieties and modifications of the vaccine vesicle, of different characters and different degrees of influence upon the vaccine protection, are produced by diseases in pre-occupation of the skin.

2dly. That a single serous blotch upon the skin, existing during the progress of the vaccine vesicle, may occasion such irregularity, and deviation from correctness, that vaccination, under such circumstances, cannot be perfectly depended on. The same with abrasions of the cuticle; such, for example, as we find in the nurseries of the opulent, as well as the cottages of the poor, behind the ears, and upon many parts where the cuticle is thin, with herpetic blotches, "not to be considered of less consequence when occupying a small space,—a speck behind the ear, which might be covered with a split pea, being capable of dis-

ordering the vaccine vesicle. Dandriff may be considered as a malady of this class, the incrustation on the scalp being formed from excoriation beneath; and, however slight, for there is every gradation between a thin scurfy layer of a dirt-looking substance, and tinea itself, shingles, vesicular ringworm, and impetigo, may be included. In short," Dr. Jenner adds, "every disease of the skin which may be called serous, has the power of exerting this modifying and counteracting influence. I have also seen purulent fluids exert a similar influence." He mentions sore eyes and whitlow.

3dly. That these deviations occur more frequently in the early than the declining stages of the vaccine process; that varieties of the vaccine vesicle may be produced from those trifling deviations, which prove no impediment to the vaccine security, up to that point of imperfection in the vesicle which affords no security at all. Perhaps I commit an error in saying no security at all, for it strikes me that the constitution loses its susceptibility of small-pox contagion, and its capability of producing the disease in its perfect and ordinary state, in proportion to the degree of perfection which the vaccine vesicle has put on in its progress, and that the small-pox taken subsequently, is modified accordingly. When no deviation takes place in the ordinary course of the vaccine vesicles, or when it is inconsiderable, the herpetic blotches or vesicles, of whatever kind they may be, often assume (sometimes as early as the third or fourth day after the insertion of the vaccine fluid) a new character, not unlike the vaccine, and keeping pace in their progress with the vesicles on the arm, die away with them, leaving the skin smooth.

4thly. Fortunately for the safety of the vaccine practice, and fortunately, too, for the ease of the practitioner, all these affections of the skin may be removed with very little trouble. The most effectual application is the ung. hydrargyri nitratæ, as much lowered with ung. cetacei, or any other bland ointment, as the irritability of the subject may require. The dandriff demands a double process; the first consists in removing the incrustation, the second in subduing the oozing. There are skins that will not bear unctuous applications; the desiccative lotions may then be made use of two or three times a day; such as those prepared with the sulphate of zinc, superacetate of lead, &c.

5thly. Dr. Jenner says, "If I were asked what were the other actual impediments to perfect vaccination, as a general answer I should say, that I scarcely knew any other except spurious matter, or impediments too obvious to require my warning them here, such as deranging the vac-

\* I have since seen, that the talented M. Kozan, the physician of the Salpêtrière, in his *Médecine Clinique*, vol. ii. p. 229, alludes to these rules.

size vesicle in its progress, by incautiously robbing it of its contents, or producing a new action by external violence."

Dr. Jenner intended to publish the facts upon which he founded these positions; I arranged them, though imperfectly, at his request, previously to his death. They were consigned to a gentleman, an earlier connexion than myself, who has since published a volume, containing some account of Dr. Jenner's life.\*

Dr. Jenner evidently conceived, that cases of small-pox, or what has been termed the varioloid disease after vaccination, arose from those deviations at the time of vaccination in the progress of the pustules on the arms, which he described as liable to take place when the skin is affected by different classes of eruptive affections. It is true that those impediments, disregarded, produce irregular vaccine pustules, consequent liability to small-pox, and, perhaps, the degeneracy described by M. Delagrangé; but I am convinced that the natural disposition to small-pox in some constitutions is so strong, that many persons will have that disease, after either vaccine or variolous inoculation, however perfectly the process may have been conducted. One of the oldest and most extensive vaccinators in London is of that opinion. I have seen myself proofs of it in Cheltenham, after Dr. Jenner's own vaccinations. This affair of dispositions is a general law of the human constitution. Cullen, in limiting it to gout, scrofula, epilepsy, mania, and pulmonary consumption, took a very narrow view of the subject. I have found a disposition to several of the ordinary diseases of the different organs of the body, descend through whole families.

As to Dr. Delagrangé's experiments on cows, I have not knowledge to speak on that head. Dr. Turton, who wrote the Medical Glossary, said he had seen small-pox pustules on cows. Dr. Coley, of Cheltenham, who, I must do him the justice of stating, has been the most active vaccinator in that place, inoculated cows with small-pox, and failed to produce the disease. He advised me to repeat his experiments on heifers and calves, but the inconvenient manner in which, according to the doctor's account, the cows endeavoured to kick and toss him in the air, with certain other considerations, deterred me.

If any of your readers should have natural small-pox in their neighbourhoods, I should be obliged to them to transmit me some lymph directed to Cheltenham. I am in search of it myself, but up to the present moment, to as much purpose as Zaidig in quest of the basilisk. I am told that it occurs frequently in the north of Ireland.

#### ON THE TREATMENT OF SPINAL CURVATURE.

To the Editor of THE LANCET.

SIR,—From your version of Mr. Abernethy's Lectures, I shall, in continuation of my remarks on this subject at page 523, make the transcript that follows:—

"But people will ask me, 'Can't you do any thing more, Sir?' and I must say, 'I don't know that you can, unless you choose to be gibbeted. That is sometimes done; it is a fashionable way of going to work, and is what I shall call gibbeting. This was first proposed by M. Vacher, and the plan is, taking the weight of the head from the pillar that supports it. A most horrible annoyance it is to the patient; oh, the pressure against the chin and the lower part of the jaw is dreadful! it produces a thickening and ulceration of the ligaments, when it is carried on, as, according to the principle, it ought to be.

"Now, there is a Mr. Cheshire, of Hinkley, in Leicestershire, I think it is, who, perhaps, understands the principles on which these machines should be constructed better than any body else; yet I have seen patients who have been there, and certainly no such good done to them as I should boast of. But he certainly does support the principle, and that principle does support the weight of the body, but greatly to the annoyance of the patient, and producing the effects I have been describing, *occasionally abscesses and deformities, and thickenings*, and so on; but he does it effectually, and the effect too of taking the weight off from its proper place is, that by using these machines for years, which they have to do, they cannot afterwards do without them; and therefore, if they lay them aside, they have to lie down until they have the power of their muscles, until they can properly support their weight. But I cannot say I like his system at all, therefore I do not give my mind to it, but I advise all my patients to avoid all causes which might affect the original curvatures, to take off the weight by lying down, and so on; but the child should not lie down in any constrained attitude. In a boarding school you will see the mistresses of the school having all the girls lying down for half an hour; that's a short time, but they can do nothing while they are lying down in that posture, like corpses. Now, I remember, they may do this on a rug or carpet, and, I say, why can't your child lie down in that way, which is the ancient fashion; but, to be sure, the other is the more modern. But I know that weight on the upper part of the body must tend greatly to increase the curve; I know also, that people will become straight if the

\* Dr. Barton, of Gloucester.

cause of the curve is removed, because I have found it to be so. The cases from wry necks I have endeavoured to explain to you. These are not diseases, but deformities, and yet points of great importance. In some of the cases there is scarcely room for the lungs on each side of the chest; it is this which first attracts people's attention. 'Sir, I want to consult you on my daughter's case; her shoulder is growing out, or her breast is on one side.' Oh, the cause is the distortion of the vertebral column, and that they cannot believe, but you will find it to be universally the fact, I believe."

If your readers will combine the quotations that I have made from Abernethy's lectures in this and the two preceding letters, they will possess a complete body of his system of anatomy, physiology, and pathology of spinal curvature, and a very curious system it is. Abernethy has honestly confessed, that one part of his design in delivering these lectures, was to bother his hearers, and it is but justice to acknowledge, that in his design he has succeeded most completely. As it will be useful to your readers, I will, out of honesty, endeavour to translate him into English, as Shakespeare said upon another occasion, although my undertaking will be one of very great difficulty.

The fact is, that Le Vacher's invention was introduced into this country about fifty years ago. As nothing that could be useful was known at that time, this invention was received with acclamation, and almost universally adopted. Mr. Hunter tried it upon his own daughter, and it failed of producing the effect that was expected from it; and it will not be said that, under his parental care, it failed for want of proper attention. Other failures became notorious, but still the delusion that had been excited was kept up, because it produced so much profit to a certain class of persons. The time has been, when lectures on medical science undertook to teach the science they professed; they considered it to be an important undertaking, which deserved to be, and therefore was, made a matter of importance; the lectures were seriously treated by the professor, and seriously listened to by the scholars, who went away wiser and better for what they had heard. How different was this mode of teaching from that which is practised in these more enlightened times, at least if I may be allowed to found a judgment upon this lecture of Mr. Abernethy, which you have printed, for I never had the high honour of hearing it delivered *viva voce*. All the verbiage that I have transcribed could not have been intended for any other purpose than to raise a laugh, though I do not see that word marked in a parenthesis. The reflection on Mr. Cheshire, if

intended to have the same effect, is given in a very bad taste, for I believe it to be, as far as relates to that gentleman, a calumnious falsehood, though I am aware that many persons may be pointed out who have done infinitely more mischief in their attempts upon this subject, than Abernethy has falsely attributed to Mr. Cheshire; though it is not impossible, that if their names were given, they would be found entitled to the protection of this lecturer, for reasons which I shall not attempt to discover.

I said, in my last letter, that it is not right to segue from the abuse of a thing against its use; this is precisely what Mr. Abernethy has done in this instance; he knows, and no one knows better, that London abounds with quacks and impostors: tailors, stay-makers, blacksmiths, truss-makers, and other wretched workmen, who are, in reality, a disgrace to society, who assume the titles of surgical mechanics, mechanical surgeons, anatomical machine makers, and other synonymous titles. With these qualifications, these people are daily doing all the mischief that Mr. Abernethy has mentioned, and much more; Mr. Abernethy knows this; why did he not give the names and addresses of some of these wretches, to his class, describe the mischiefs they are daily committing, and hold them up to merited reprobation and abhorrence? I know that he was familiarly acquainted with some of them, and was qualified to do this with advantage to his unfledged pupils, and consequently, through them, to the public at large. Possibly, humanity may have prevented him, as it would have contributed to spoil the trade of these poor men, and, by consequence, injure the free trade in general, to which the malpractices of these people indirectly contribute very largely. I knew that Mr. Abernethy himself is too "pure" to receive any fees that might be derived from this very impure source; but I know too, that he is bound by moral duty, as well as by the laws of the College, not to do any thing that may, in any manner, injure the honour or the profit of any member of that immaculate body. If he would venture to use it, I would give him the name and address of one of the white elephants of the College, who keeps a regular list of all the people of that kind who solicit his patronage and recommendation, and as new ones offer themselves their names are added to the list. When any patient applies, to whom it is prudent to recommend any of these people, he does not endeavour to discover which of them may, by accident, be best qualified to serve the patient, who is at the moment consulting him. No; upon Mr. Cline's principle, that would "take up too much time." He turns to his list of

names, sees, by private marks, who was last recommended, and gives the next that stands upon the list a turn; his consultant thus has Hobson's choice as to the person he shall employ, and the common chance of a lottery ticket, whether the mechanical surgeon he must employ, be well or ill qualified to do what is wanted. The reason which the consulting surgeon has given for adopting this practice is, that he is recommended by all these people, and his notions of justice induces him to recommend them, with equal impartiality, each in his turn.

I will give you another authentic and characteristic anecdote of this eminent consulting surgeon. A relation of my own applied to him for advice; it was given, and the patient was directed to call again on a day that was named; he did not go till more than a fortnight had elapsed; the consultant reproved his patient for non-attendance.—

"Really, Sir," said the young man, "it has not been in my power. I live at a great distance; I am very much employed in my business, and when I come here there are so many persons in your room to see you, that I cannot spare time to wait for my turn."

"Oh," said the white elephant, "don't you understand that? I will put you up to it at once. My man has a snug private room, in which he keeps those who desire to avoid a crowd. If you speak to him properly he will place you there, and always bring you to me the first vacancy, leaving the crowd to their chance." We all know what is meant by "speaking properly" to a great man's man, and you will not be surprised that my young friend never afterwards had to wait in the crowd for his turn.

These are the secrets worth knowing, which you will do well to communicate to your readers, whether professional or not, that they may derive from them all the benefit that such secrets can confer. As to Mr. Abernethy, it is but doing him justice to believe, that when he delivered the lectures from which I have made extracts, he gave his hearers all the knowledge he possessed of the modes of curing spinal curvature; and it is not very surprising, that if the young men who received that knowledge, set up in the practice of their profession without other information, spinal curvatures, in all classes of young females, above those of the lowest order, should be rapidly on the increase since Abernethy's doctrines have been promulgated, as they were for many years before.

The truth is, as Abernethy has said, that there are many persons who would give any money to have their crooked daughters made straight, a circumstance that has always rendered them most profitable subjects of most atrocious quackery. Le Vacher's contrivance was first made known in London by

a regular bred surgeon, of very fair character, from whom it was stolen by an impudent pretender as ever disgraced even the annals of quackery; this man fixed his own name upon the article, and, with persevering effrontery, forced it into general notice. The advantage he derived from it stimulated others of the same stamp to share in the spoils of his credulous dupes; and some who were legally entitled to be called surgeons, seeing how much was to be gained by this kind of quackery, plunged into the practice of it, sometimes alone, and sometimes in association with the more degraded quacks; the consequence has been, that these peculiarities in the female form have been increasing in a kind of arithmetical progression ever since. With your permission, I will, in my next, demonstrate the truth of all that I have now written, and am,

Yours, &c.,

T. SHULDRACK.

43, Allsop Terrace, New Road.

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CASE OF PARTIAL ADHESION OF THE PLACENTA BY CELLULAR MEMBRANE—HYSTERALGIA AND INTESTINAL IRRITATION—RECOVERY.

Mrs. B., *mat.* twenty-two, of rather a full habit and sanguineous temperament, was delivered of her first child on the 22d ult.; the labour was natural but tedious, it having continued for twenty-four hours. The placenta was not expelled at the expiration of two hours, but there was no hemorrhage; and, on examination, it was found partially lodged in the vagina, the foot of the funis, however, could not be touched. The uterus was fully contracted, and there were no after-pains. On endeavouring to extract the placenta with the finger and thumb, a good deal of pain was experienced, which induced Mr. Leveaux (a pupil who attended the patient) to desist, and request my attendance. I repaired immediately to the patient, and found the symptoms as just stated. The uterus felt fully contracted through the abdominal parietes, and on instituting the usual vaginal examination, I found the greater portion of the placenta loose in the vagina, the root of the funis could not be touched, and the os uteri was firmly contracted on the placental mass. With much difficulty the fingers were gradually insinuated between the placenta and the os uteri, and cautious traction employed, which produced unusual pain, and obviously proved that an adhesion of some kind existed between the uterus and placenta. The whole hand was slowly and cautiously introduced through the os uteri, and the fingers very carefully insinuated in

the ordinary manner for the separation of the adherent placenta. In separating the adhesion, I experienced more difficulty than is usually encountered, it was slowly accomplished; the uterus finally contracted, and expelled both the hand and secundines. On examining the placenta, it was found entire, and the adherent portion was very firm in structure, and covered with well organised cellular membrane. The funis was attached to the extreme edge of this portion. There were two conglua, which were estimated at four ounces, attached to the detached surface of the placenta. No after-hæmorrhage. The infant was very large, which shows the development of the uterus and secundines must have been in a similar condition; and also accounts, in some degree, for the unusual deposition of cellular substance and placental adhesion. The patient had been extremely healthy during the whole period of utero-gestation. 23d. Seven, P.M. The patient makes no complaint, lochia natural, urine passed freely. She has passed a good night, but this morning complained of occasional pain in the left iliac region, which extended through the abdomen and stomach. While her attention is engrossed in answering questions, considerable pressure on the abdomen induced no pain, nor did it affect the uterus, except in the situation just mentioned. Pulse 100, soft, and rather small; tongue white and moist; no appetite; no nausea or vomiting; no headach or heat of skin; mammae flaccid; lochia sparing; little urine; bowels confined. Was ordered a draught composed of castor oil, four drachms; oil of turpentine, one drachm. Fomentations of decoction of poppies and chamomile to the abdomen; the catheter to be employed in the evening if necessary. The apartment is oppressively warm, as a fire cannot be dispensed with. Six, P.M. Pain in abdomen much increased since last visit; complains of a sensation as if a large ball moved from the uterine region to the stomach, from side to side, and this only at intervals; pulse 104, not strong, sharp, or hard; bowels opened four times, motions scanty, no febrile symptoms, with the exception of the state of the pulse; no pain or tenderness on pressing the abdomen, unless during the paroxysm: lochia very sparing; urine voided in considerable quantity. To have a draught of castor oil, six drachms: tinct. of opium, twenty-five minims: pepper-mint water, one ounce. Fomentation to be repeated. Nine, P.M. Pain more violent at intervals, shooting through the sides and abdomen; skin hot, has not taken the draught; pulse 126, soft, and easily compressible. Twelve ounces of blood were abstracted with difficulty when the flow ceased, no relief produced; draught exhibited, with ten minims more of the tinc.

opii; soon after which she felt relieved in some measure. She had a mixture of a solution of acetate of ammonia, nitrate of potass and camphor, every fourth hour. 24th. Eight, A.M. Slept well, and is much relieved; no pain in the abdomen; slight soreness remains in the left iliac region; tongue cleaner; bowels opened twice, dejections brownish and fetid; lochia very trifling; mammae more tumid; no secretion of milk; no discharge of urine. Thinks herself free from complaint. Blood slightly cupped, not buffed. About six ounces of urine drawn off by the catheter. Two, P.M. Was requested to see the patient as soon as possible, as the pain had returned more violently than before, and had awoke her from a sound sleep. On my arrival, I found her writhing with agony, screaming loudly from the severity of the pain, pulse very small and rapid; no tenderness on making gradual and steady pressure on the abdomen. Exhibited forty minims of tinc. opii in a table spoonful of brandy and warm water; detracted six ounces of blood from the arm with difficulty; ordered the fomentations to be repeated, and introduced the catheter, as she felt a desire to evacuate the bladder, and extracted four ounces of urine. These measures afforded no relief whatever. The abdomen was then fomented with flannels wetted with oil of turpentine. This application was continued for half an hour, when partial vesication was produced, and caused such severe pain, that the former suffering no longer existed. She was now more vociferous than ever, and had a fit of syncope. A napkin wrung out of cold water was applied to the naked abdomen, and kept constantly moist with the same fluid, which, in about ten minutes, diminished her sufferings, but she refused to continue its application further. A paroxysm of the former pain recurred with violence; at a quarter past three, forty minims of tinc. opii were exhibited in half a glass of brandy and water. This fit continued for half an hour, when she became more tranquil, and appeared drowsy, the pulse became fuller and slower. I took advantage of this calmness, and examined the state of the os uteri, which was not hotter than usual, and bore considerable pressure without any pain; on introducing the finger through it, I discovered a piece of membrane imbedded in a clot, and a piece of placenta, about an inch in extent, were hooked into the vagina, and extracted. A severe rigour occurred, which was followed by copious perspiration, and at four, P.M., she felt no pain whatever; the pulse was full and soft, 110. She pressed heavily on the abdomen and uterus with perfect freedom. Five, P.M. Has had no return of any pain; is in a profuse perspiration. Seven, P.M. As at last visit. Half

past nine, P.M. Has had no return of pain in the uterus or abdomen; pulse 120, smaller, soft, and compressible; experiences a sense of soreness in the uterine region, on changing her position only; tongue less white and moist; thirst; lochia increased; mammae more tumid; perspiration profuse; abdomen soft, but tympanitic. To have a draught composed of castor oil, six drachms; peppermint water one ounce and a half. Mr. Loveless and Mr. Heath were present at this visit. Eleven, P.M. Has had no return of pain; symptoms as at last report. Requested to hear from the patient early next morning. 25th. Eleven, A.M. Has slept well, feels no pain even on steady pressure on the abdominal and uterine regions; pulse 88, soft and fuller; tongue cleaner; mammae fuller; lochia sparing; discharge of urine natural; bowels opened twice; dejections yellow and fetid; makes no complaint. Eight, P.M. Slight return of pain; which is of a gripping kind; bowels opened several times; dejections yellowish, and less fetid, the last slightly tinged with blood; perspiration; thirst; distension of the bosom; pulse 100, soft and full; tongue cleaning; no pain on pressing the abdomen; uterus pained on coughing; lochia still sparing. To have diaphoretic mixture, and twenty-five minims of tinc. opii. The apartment is very warm, though door and window are opened constantly. 26th. Eleven, A.M. Has passed a good night, no return of pain; occasional gripping; abdomen less tense; dejections natural. Pulse ninety-six; skin cool; milk secreted; tongue much cleaner; lochia still sparing; to have an anodyne draught to relieve her tormina. She was quite well on the 27th.

This was evidently a case of hysteralgia and intestinal irritation; the first so accurately described by Dr. Burns, the second by Drs. Granville and Marshall Hall. The suddenness of the attack, the periodicity of the pain which was erratic, the state of the pulse, the absence of rigour, nausea and vomiting, clearly proved the nature of the disease, and left no doubt of its dependence on nervous irritation, and not on inflammatory action. The treatment was adopted according to this view of the case. The bleedings were resorted to, more for the purpose of allaying irritation, than under the apprehension of inflammation, and certainly should have been carried to a greater extent, had not the veins been very small, and the patient much opposed to depletion.—*Dr. Ryan, Med. and Surg. Journ.*

#### CASE OF SCIRRHUS OVARIA.

Mrs. S., aged thirty-five, was delivered of a child fifteen months ago. The labour

was protracted; the appearance of the abdomen had been remarked, during the progress of gestation, as being very unusual. The enlargement of the uterus, with its contents, went on naturally; but on the left side of the uterus was a tumour, about the size of a child's head at the time of birth. After the removal of the placenta, the contracted uterus was perceptible through the parietes of the abdomen, rather less than the tumour, which retained the same relative position, and was as firm to the touch. Her recovery was tedious; but, during the period of lactation, which continued seven months, her health was good, and she felt no inconvenience from the tumour, except a pain in the lumbar region occasionally, which readily went off. Soon after the infant was weaned, the pain in the lumbar region became more severe, and descended to the os sacrum. She described the pain as striking through to the left side of the lower part of the abdomen, down the thigh in the direction of the crural nerve, to the inner condyle of the os femoris, and up to the umbilicus. The tumour now seemed to occupy a more central situation in the abdomen, which had the appearance of pregnancy in the seventh month: (this was four months before her death.) There was no return of catamenia, nor any appearance of uterine discharge, till near the fatal termination of the disease. She was now much troubled with symptoms of uterine irritation, as sickness and vomiting, pain in the breast, with reappearance of milk. The bowels were obliged to be regulated with mild laxatives.

In the early stage of the tumour, she had been ordered to take a combination of pil. hydrarg. and antimon. tart. as an alternative; but, not being attended with beneficial results, and having been pushed as far as circumstances would permit, it was discontinued. Venesection and leeches were frequently had recourse to, as the pressure on the large vessels occasioned a great determination of blood to the head; and two large caustic issues were opened in the lumbar region, and cicuta was prescribed. Nothing, however, had the least effect in checking the progress of the tumour; it continued to increase; the fits of sharp lacerating pain became more frequent, and lasted longer, accompanied with strong bearing-down pains, similar to labour, which were moderated by opiates. The functions of the bladder gradually became affected by the pressure, so that the male catheter was often required. Her size was much greater than that of a woman at the period of parturition; the integuments of the abdomen were extremely tense, and shining with patches of dark-coloured inflammation, threatening gangrene; and the pressure on

the diaphragm impeded respiration. She expired after a severe paroxysm of difficult respiration and vomiting, which lasted five days.

With four medical friends, I inspected the body twenty-four hours after death. The parietes of the abdomen were extremely thin, and the ensiform cartilage, and the cartilages of the lower ribs were pushed out by the tumour, a small portion of the upper part of which was covered by the omentum. It proved to be the left ovary, covered by its peritoneum: it was smooth and shining. Upon being cut into, it was found to be traversed by ligamentous bands, almost as hard as cartilage; the centre was rather softer; its artery was larger than the common iliac; it weighed sixteen pounds five ounces avoirdupois; the jejunum and ilium were pressed into the spaces on each side of the spine, and the liver was very small; the stomach was more vascular than common; the gall-bladder was completely filled with concretions, to the astonishing number of 108, one of which is as large as a nutmeg; these I have preserved. The other viscera were healthy, and there was very little appearance of œdema or serum in the cavity of the abdomen.—*Mr. Leonard, Med. and Phys. Journ.*

#### DUTIES ON MEDICINES.

*To the Editor of THE LANCET.*

SIR,—Desperate as the ills appeared, under which apothecaries laboured respecting the Medicine Stamp Act, I am most happy to inform you, that the commissioners of stamps have thought proper, in consequence of the exposure of their "hole-and-corner" proceedings by the public press, to quash nearly fifty informations that were pending. These worthy gentlemen, so long as their proceedings were conducted privately, thought themselves secure, and continued to oppress all those who were willing to pay, and get rid of the affair altogether. In consequence of the spirited and talented exertions of one medical man, who demanded an audience of the solicitor of stamps, and, in course of time, also of the "Honourable Board," his publishing a statement in the "Sun" evening newspaper, and his threatening to memorialise the Lords of the Treasury on the conduct of the commissioners, they have thought proper to state, that they intend a complete alteration of the law relating to medicines. It is to be hoped that some medical man will be consulted in this new alteration, for should the wording of the act be left to those who compose the members of the stamp offices, little good will

accrue, I fear, from a change of the law. In proof of the indefinite nature of the present law, and the uncertain judgment of those in whose hands it is left, I will relate the following fact:—

A medical man, of the first respectability, wrote to the solicitor of stamps, requesting to be informed if he might sell one ounce of the carbonate of soda, and one ounce of tartaric acid, without a stamp, provided they were without a label affixed to them, either written or printed. He was referred, in answer, to the schedule in the act under the head "waters," and he (the solicitor) said that he "apprehended" they must bear a stamp. This "apprehension" of what the law is, where all ought to be as clear as the day, deserves attention.

The inconsistent behaviour of the Board of Stamps will be seen in the following occurrence: a surgeon-apothecary having paid four pounds for selling aromatic vinegar unstamped and unlabelled, on hearing that so many as fifty persons had escaped the fine, though they had not put printed labels on their bottles, thinking it was but just that his fine should be returned to him, wrote to the commissioners, and requested an audience of them; this was denied, and he was referred to the secretary. On stating the case to this personage, he burst into a horse laugh, with the exclamation, "Ah! ah! ah! you wer'n't among the fortunates." A pretty secretary, indeed. Then we must suppose that COMMISSIONERS has the presidency of the Board of Stamps, and it is left to chance who shall or shall not pay, though the secretary did think proper to say, "The Commissioners of Stamps do not require the public press to teach them their duty." Every one must be aware, however, that they have been brought to the changes that have taken place, by the press, had the sapient secretary ever heard of the abuses that have been remedied in the London hospitals through the exertions of the press, though sanctioned by greater men than the "commissioners of stamps," he might have thought differently. But enough of this, Mr. Editor. Hitherto success has attended the exertions made, beyond what could have been expected. For the present I leave you, and am yours truly,

J. F. C.

Brydges Street.

#### NYMPHOMANIA.

DR. OZANAM, of Lyons, reports a case of cure by touching the swollen genital parts with a solution of four grains of nitrate of silver in an ounce of water. A slight eschar ensued, and the sensibility of the parts decreased. The patient was cured in four days by this application, repeated twice a day.

## PHYSICIANS' PER-CENTAGE SYSTEM.

To the Editor of THE LANCET.

SIR,—In No. 305 of your valuable Journal, I observe some remarks on the system now generally adopted by young physicians, of entering into a partnership with druggists, in order to receive a per-centage on medicines sold to the poor, whom the benevolent doctors are pleased to style their "gratis patients." This system is become too notorious to be overlooked, since it is attended with very injurious consequences to the young and deserving general practitioner; and as you commenced your editorial labours with the praiseworthy intention of endeavouring to reform abuses, and of maintaining the respectability of the profession, surely this abuse may be allowed to claim some portion of your attention.

As soon as a young physician settles in a small town, he devotes one day in the week to giving to the poor gratuitous advice; and having made an agreement with a druggist, that all the prescriptions shall be compounded at his shop, on consideration of a certain per-centage on the money received for them, he commences operations, and the two plunderers hammer their thick heads to discover means by which they can prevent other druggists from comprehending their symbolical trash; if an honest patient is desirous of taking his prescription to the shop, where he has been in the habit of purchasing his dose of salts and senna, he incurs the doctor's high displeasure, with the painful information, that no farther advice will be given, unless he acts according to orders. Thus these disguised pillars of the profession, under the cloak of charity, find that charity and benevolence form a very considerable item in their receipts at the end of the year, while less ostentatious individuals place the figures in the list of expenditure. But, not only is this system to be deprecated as derogatory to the character of a liberal profession, but it ought to be held up to contempt and opprobrium, as an infringement on the interests of the young general practitioner, who, unless placed under very peculiar advantages, has to rise in his profession by the success of his treatment, by his care and kind attentions to the poor. As long, however, as this trade between doctor and druggist exists, the general practitioner is deprived of numberless chances; as very many consult the doctor, who would certainly have employed the surgeon, save for that *decoy duck*, "gratis advice." I need not go far from my chair to point out some in good circumstances, who have taken the benefit

of the word gratis, but who have paid smartly for their medicine—thus giving with one hand and taking back with the other—a system of charity which the gullible public have not had the penetration to discover.

I know of no better plan for correcting these abuses, than by exposing them to public contempt; and when such practices interfere with the interests of so useful and respectable a class of men as the general practitioners, whose sphere of action is already so much encroached upon by prescribing "druggists, oil and colour men," by quacks of every degree, and by per-centage physicians, I think it the duty of every one to raise his voice against such inroads, and endeavour to consign to oblivion such men and such measures.

X. Y. Z.

Lancashire, July, 1829.

## DIPLOMA OF THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—Having diligently "walked the hospitals" for the space of twelve months, and having qualified myself in all other equally important respects for presentation before the Court of Examiners in Lincoln's Inn Fields, as a candidate for what is commonly considered the "*summus honor*," which a junior student in surgery can obtain, viz. the diploma of the Royal College of Surgeons, I was about to appear in the above character. Wishing, however, previously to ascertain the *advantages* to be derived from a successful application, I inquired of several members of that self-constituted junta what they actually were; imagine my astonishment on being informed, that they were not known. Feeling confident that great and manifold benefits, either in the way of fame or emolument, although not generally known, must accrue, to each and all of the members of this scientific body, whose admission fee is twenty-two guineas, I apply to you.\* Mr. Editor, both as one of the members of this said body, and also as possessing extensive information respecting all medical affairs, to point out these benefits and advantages to me, that I may be enlightened on this obscure subject.

I remain, Sir,  
An admirer of THE LANCET,

C.

July 26th, 1829.

\* We recommend our correspondent to apply to Mr. Belfour!—Ed. L.

*Adopted by the Medical Practitioners of Aberdeen, January 1829.*

THE difficulty experienced by the public, in estimating the proper compensation for medical attendance and operations in surgery, having long been a matter of general complaint, and frequent applications having been made to individuals in the profession to remove the difficulty, the Medical Practitioners of this place, at a Public Meeting called for the purpose of taking this subject into consideration, adopted the following Table, drawn from the tables of other large towns, and the practice of this one in particular.

The sums stated are considered as about the average for the higher and middle classes, and the minimum for the third class; but from the difficulty of framing rules applicable to every case, and the circumstances of every individual, any intermediate sum may be taken in the two first.

It is to be hoped that the public, understanding that this Table has been agreed to by the Medical Practitioners, will be no longer at any loss in knowing the proper remuneration to medical attendants.

	Higher Class.	Middle Class.	Third Class.
<i>Visits in Town.</i>	<i>£. s. d.</i>	<i>£. s. d.</i>	<i>£. s. d.</i>
Single visits, from 9 A.M. to 9 P.M. ....	0 10 6	0 5 0	0 2 6
When only one visit is required, .....	1 1 0	0 10 6	0 5 0
Single visits, from 9 P.M. to 9 A.M. ....	1 11 6	1 1 0	0 10 6
<i>Attendance in Acute Diseases.</i>			
Attendance in acute diseases, (being of short duration, and requiring frequent visits,) per week..	4 4 0	2 2 0	1 1 0
<i>Attendance in Chronic Diseases.</i>			
Attendance in Chronic Diseases, (not requiring more than three visits a week,) per month ....	4 4 0	2 2 0	1 1 0
Advice at the practitioner's residence .....	0 10 6	0 5 0	0 2 6
<i>Visits to the Country.</i>			
Any distance, not exceeding two miles, .....	1 1 0	0 15 0	0 10 6
Any distance exceeding two miles, for every additional mile, .....	0 10 6	0 5 0	0 2 6
These charges to be considered as exclusive of chaise-hire &c., and are to be doubled from 9 P.M. to 9 A.M. An additional charge of half the fee for visits by express.			
<i>Detention.</i>			
Every hour that the practitioner is detained after the first, either from urgency of the case, or desire of the patient or friends .....	1 1 0	0 10 6	0 5 0
During a whole night .....	3 3 0	2 2 0	1 1 0
<i>Consultation.</i>			
Consultation with physician or surgeon, .....	1 1 0	0 10 6	0 5 0
Consultation by letter .....	2 2 0	1 1 0	0 10 6
Certificate of health .....	1 1 0	0 10 6	0 5 0
<i>Surgical Operations.</i>			
Capital operations—as amputation, trepanning, lithotomy, &c., extirpation of mamma, extraction of cataract .....	21 0 0	10 10 0	5 5 0
Lesser operations—as amputation of toes and fingers, hydrocele, harelip, extracting of tumours, tapping .....	5 5 0	3 3 0	1 1 0
Ditto, ditto, introducing bougie, catheter, probang, vaccination, extracting teeth, cupping, applying leeches .....	1 1 0	0 10 6	0 5 0
Fractures and dislocations .....	5 5 0	3 3 0	1 1 0
<i>Midwifery.</i>			
Examination, in cases of accident, where no operation is necessary .....	1 1 0	0 10 6	0 5 0
Delivery in ordinary cases .....	10 10 0	5 5 0	{ 2 2 to 1 1 0
Ditto by instruments, or turning .....	15 13 0	7 7 0	{ 4 4 to 2 2 0
Extracting placenta, reducing inverted uterus ....	3 0 0	2 2 0	1 1 0
Attendance with a midwife to be charged the same as for delivery.			

## THE LANCET.

*London, Saturday, August 8, 1829.*

A JUST and general dissatisfaction has long prevailed among all classes of the profession, with the *extravagance* of the *FEES* exacted from pupils for permission to *visit* the wards of our various *charitable* establishments. The numerous evils arising from this imposition, we shall consider on a future occasion: at present, we shall confine ourselves to a refutation of the arguments advanced by the *DATA* and *CORRUPTIONISTS* in defence of the system. These arguments are, as well as we have been enabled to collect or to understand them, comprehended in the following propositions.—First, that this exaction has a tendency, with other congenial measures, to raise the respectability of the profession by excluding poverty from its pale:—Secondly, that these fees are a legitimate compensation to the medical officers of these establishments for the labour, otherwise gratuitously expended, in attending them:—Thirdly, that the money paid is really earned, and of course due, for the instruction communicated to the pupil by the master:—And lastly, that the officers who receive the fees, have both a legal and a just right to impose this tax on the pupils. In the natural order of discussion, the question of *right* presents itself first for consideration, and we shall commence with a few observations on this rather obscure subject. In this country, at least, we know of no tax or impost levied upon any class of society, for which the sanction of some statutory, corporate, or common law cannot be produced. A tax may be unjust, impolitic, oppressive, an abuse; but still some perverted ramification of custom or of the constitution can be found, throwing the shadow of its protection over the delinquency. In short, some justification of the extortion will be extracted, from fact or fiction, if the propriety of the

deed be questioned: but hospital fees are a perfect and single exception to this general rule, and the circumstances of the case clearly demonstrate it. The institutions in which they are levied, are the property of none, while they are the property of all; they are the creations of bequests made for a definite object—the provision of competent medical treatment for the indigent sick. For this, their exclusive end, a number of individuals are invested with legislative powers; and, to the attainment of this design, we maintain, they are specifically bound. Beyond this, any act of theirs is overt, illegal, supererogatory; for it is contrary to their act of incorporation, as well as to the intention of the testator. This we state positively, after a minute examination of all the documents relating to these subjects, and after the perusal of the best authorities on corporate law. In this respect, the governor and the cook of the hospital are on a perfect equality, each has his duties to perform, and with their performance his commission ends. Whence then do the medical officers derive their right of mulcting the pupils? From the president of the board-room, or from the president of the kitchen? From whence, we repeat the question, has this right been derived? If they answer, that they are empowered by the governors to impose this tax on the pupils; we reply, that the governors themselves have no such power to delegate. Let them produce a clause, a single phrase, in the wills of the founders of these institutions, or in the acts of their incorporation, relating to the payment of fees by pupils, and we will submit to the discovery. But no such passage really exists: nor do we believe that any verbal or written authority to this effect, has ever been given by the governors to the medical officers of our hospitals. They certainly permit them to receive these odious fees, but their permission is purely passive, for they know well, that they have no right whatever to confer any

such authority. The imposition is, therefore, founded on a mere usurpation of right; it has been generated by rapacity on one side, and by criminal neglect on the other; and, like possession in law, is supported by a sort of statute of limitation, against the just claim of the student for *free attendance* on the medical practice of these institutions. So much for *right*; the *practice* will be found equally unsupported by arguments. The first of these, as already stated, relates to the "respectability" of the profession,—a term, by the way, of very complex signification. According to the conventional glossary of those who make use of this phrase, it means, the possession of a certain modicum of money, the being thoroughly imbued with the *esprit de corps* of the body to which the "respectable" individual belongs; and, by an inferential assumption from these strange data, that he will, in proportion to his other qualities, be learned and scientific. The whole of this is purely imaginative—the mere creation of corporate sophistry. The possession of money can neither confer talent nor learning; the *esprit de corps*, of which we have lately heard so much, means simply, that if the body goes to the devil, the members should go after it; and as to the corollary following these premises, that competency of practice necessarily arises out of respectability, it is too absurd for consideration. We have heard it said, indeed, that the expense of medical education should not be lower than that of the other professions. To this we reply, that to argue thus, is to justify one error by another; for we hold that no class of men, professing any art or science, has a right, by the exaction of exorbitant fees, to exclude persons qualified to practise that art or science for their own advantage, or for that of society. So far from the "respectability" of the profession being in this respect good, we deem it one of the greatest evils to society. In this sense, indeed, the profession is far too "respectable." Where all are to be benefited, why

should not the doors be thrown open to all. But, in truth, is not talent in a medical man, the only thing which can render him either respectable or useful? There is, in fact, no falsehood by which this system has been supported, more gross, than the assumption, that any advantage is derived from what has been termed the "respectability" of the profession—a falsehood at once capable of refutation, by looking at the base and capital of the profession at this moment, where we shall find, that those who were once the poorest students, are now the highest members of the profession; while many who were wealthy in the commencement of their career, are now as notorious for their stupidity and poverty, as the others are for their talents, learning, and success.

We now come to consider the argument that these fees are paid as a compensation for the services performed by the medical officers in our hospitals. It is true they undertake to perform these duties, in the generality of instances, almost gratuitously; but who compels them to do so? In accepting their offices, they are aware that the salary is nominal; why, therefore, on being elected, do they turn round from their employers, and seek compensation of the pupils, who have no concern whatever with their compacts? They might, we conceive, just as well, or even with more propriety, look to the patients, as to the pupils, for remuneration, for labours which they had undertaken to perform gratuitously. The assumption, however, that they really perform the duties of these offices without remuneration is false. Is the opportunity thus afforded for acquiring information, nothing? Is the patronage secured by being connected with such institutions, nothing? Is the publicity which their names, and merits, if they possess any, obtain, nothing in the advancement of their interests? Look at the profession, and see who are they who have succeeded in amassing large fortunes. Are they not hospita-

surgeons and physicians? So enormous are the fortunes sometimes thus made, that such offices are the great objects of every young man's ambition. Yet we are coolly and deliberately told, that the services are performed gratuitously, and that, *therefore*, these officers are entitled to extract money from the pockets of the pupils! The assertion that the fees are really earned by the surgeons and physicians of these establishments, by virtue of the instruction which they communicate to the pupils, is just as fallacious as those which have been refuted. Whether the pupils pay these fees, or do not pay them, the officers are bound to discharge their obligations to the miserable patients. The knowledge which the pupil derives from looking on, imposes no additional labour on the surgeons; what difference, therefore, does it make to them, whether there are a thousand spectators of their practice, or none at all? We assert, however, that the only species of instruction for which the student could, with any degree of propriety, be called upon to pay, is not communicated in our hospitals. We allude, of course, to *clinical lectures*. Occasionally, indeed, discourses of this kind are delivered; but if the fees paid are for these discourses, the price is rather of the extravagant order, at least in the hospitals of this metropolis. In the Royal Infirmary of Edinburgh, where a regular course of clinical instruction is given for *six months*, *four times* in each week, the price is but *four guineas*; while in the London and Dublin hospitals, where a clinical lecture is scarcely ever heard, the price is from *twenty to thirty guineas*! A charge, literally and truly, for nothing more than permission to walk through the wards. Let us hope, however, that better times are at hand; already, indeed, is improvement on the march; Mr. BRANSBY COOPER, we hear, has recently delivered a clinical lecture on *LITHOTOMY*! occasioned by the fatal result of his two last operations performed on one

and the same day. The charge at Guy's, therefore, may be considered moderate; but how the difference, in the price and in the quality of the article purchased, which exists in the hospitals of London and Edinburgh, all "recognised" schools by the sages of Lincoln's Inn Fields, is to be reconciled, we know not; unless, indeed, the medical officers of these institutions, in selling their knowledge, act on the principle of the fortune-telling *WAG*, who raised her demand, in proportion to the paucity of her inspirations.

We have thus considered the several pretexts put forward in support of this pernicious and unjust tax, without touching on the real motive of its imposition—avarice. But as an acknowledgment of this sordid feeling would not bear the light, it has been scrupulously kept out of sight by the supporters of the fraud. We are anxious that the officers of our hospitals should be adequately rewarded for their labours, but let the payments come directly from the funds of the institutions. This would at once check the march of imposition and ignorance, and effectually prevent the election of quacks and impostors.

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*An Experimental Inquiry into the Laws which regulate the Phenomena of Organic and Animal Life. By G. C. HOLMES, M.D., &c. Edinburgh, Mackintosh, 1829. 8vo. pp. 460.*

THE merit of having thrown even an imperfect light on this obscure and difficult subject, would compensate for many more errors and fallacies than Dr. Holland has committed in his work. It is his chief fault that, like most other authors of new theories, he has attempted to extend the application of that which he has now originated, to conditions which it is evidently inefficient to explain. Nearly the whole of those morbid conditions of the body, which have hitherto been regarded as affections of the nervous system exclusively, Dr. Holland attributes to disturbance of the respiratory actions,

from the irregularity of which, the circulation, and the generation of animal heat, are, consequently, affected. The source of the latter he seems to consider as indisputably situated in the lungs. To meet the objection that in this case, the lungs would, necessarily, be much hotter than the rest of the body, he observes, that if the whole mass of blood pass through the lungs once in three minutes, acquiring at each time one additional degree of heat, both of which points have been proved by direct experiment, the body would receive an accession of twenty degrees per hour, a quantity which is more than would, under ordinary circumstances, pass off from it.

The work commences with the somewhat paradoxical proposition, that "animal heat is not in the direct ratio of the quantity of oxygen inhaled, but in the inverse ratio of the quantity of blood exposed to this principle." It has been fully proved by Haller, and more lately by Barry, and Carson, that the passage of blood from the lungs, is accelerated during expiration, and retarded during inspiration; while the afflux to them from the body is impeded in the one, and facilitated in the other; they will therefore contain more blood in the latter than in the former state. It has also been proved by Dr. Bostock, that little more than one-seventh of the air contained in the chest is expelled at an ordinary expiration; "the air," therefore, "which is received by any single inspiration, does not immediately act upon the blood; its office is to supply the deficiency occasioned by the previous expiration; and after several series of such expirations, it is brought into intimate contact with this fluid, and tends to continue the successive alterations which it undergoes."—p. 13. Now, as "the lungs always contain a considerable quantity of air, and as this is that portion which immediately acts upon the blood, it is fair to suppose that if we diminish this blood by a series of expiratory actions, it will be more perfectly oxygenated, because a smaller quantity is submitted to the action of a given quantity of air."—p. 16. It may be objected to this that as the afflux of blood and air are simultaneous, the proportional quantity of each will always be the same; but we should remember, that a single short inspiration will supply the quantity of air lost during a num-

ber of expirations, while the sum of blood emitted from the lungs during the latter, will considerably exceed that impelled into them during the former. This theory, however, is supported more by the result of observation than by mere reasoning; and in every condition of the body in which expiratory actions predominate, as in a paroxysm of anger, in blowing wind instruments, &c., various indications of the increased oxygenation of the blood, and excitement of the sanguineous system, are to be observed. The face is flushed, the surface of the body is warmer, and the pulse is not only quicker, but fuller and stronger than usual; while, on the contrary, whenever the inspirations exceed the expirations in force, extent, or frequency, as in fear, grief, or suppressed anger, with the exception of the quickness of the pulse, the reverse of all these occurs. A very simple experiment will serve to show the truth of this statement. If, in a state of health and quietude, the pulse be counted, and several deep inspirations, followed by expirations as slight as possible, be made for the space of a minute or two, the pulse will be found to have increased in quickness, but to have diminished in fullness and strength. If, on the contrary, a number of forced expirations be made, it will be found to have increased in all three, while, at the same time, some heat of the face will be produced. In the cold fit of ague, and in the paroxysms of asthma, in both of which there is great pulmonary congestion, there is diminished temperature, not only of the surface, from the departure of the blood, but of the whole body, from the imperfect generation of heat; and in the former disease, bleeding has often induced the hot stage, which it could only do by relieving the lungs of a portion of their blood, and enabling the remainder to be more perfectly oxygenated. With regard to the latter circumstance, we cannot do better than give, in the author's own words, the important conclusion which he draws from it. "If," he observes, "the frequency of respiration," (independent of the quantity of blood in the lungs,) "in all cases, produced animal heat, should we not expect that the function, when accelerated to its greatest extent, would evolve a proportionate quantity of this principle? But, in this example, we perceive that a quantity of air,

greater than what is natural, is brought into contact with the blood in the lungs, and yet the temperature is less than in any other disease, or state of the system."—p. 30. Without going into all the arguments which might be brought forward for or against the theory in question, and having said enough, we trust, to show our readers that, if not altogether unobjectionable, it deserves their attention, we pass on to the observations and experiments on the influence which the respiratory organs exercise over the digestive functions.

The experiments of Wilson Philip were, we believe, generally considered to have proved, that the pneumogastric nerves have a direct influence on digestion, this function having been suspended when the nerves were divided, and restored, at least in some degree, when they were submitted to the action of galvanism. But the experimenter did not sufficiently take into account the circumstance of the nerves also supplying the lungs, the functions of which are greatly impaired by their division; according to his own account, "great dyspnoea being in every instance produced, and the air-cells and tubae being found clogged with frothy mucus." Now, that digestion is intimately connected with the state of the circulation is proved by the circumstance, that every thing which tends to give energy to the latter, increases the activity of the former; and it might be fairly inferred, that those causes which impair the one, would, through it, affect the other. It was, therefore, at least very probable, that in the experiments in question, digestion was arrested, more from the disturbance of the circulation, than from the stomach being immediately deprived of nervous influence. The researches of Dr. Holland have proved such to be the case. Considering that the dyspnoea chiefly arose from the paralysis of the muscles of the glottis, after having divided the nerves in some rabbits, he opened the trachea, and fixed a tube in it. Under these circumstances the animals were observed to breathe freely, and to lose but little of their activity. When killed after a certain number of hours, no congestion was found in the lungs, and the food which had been taken just before, or during the experiment, was as much digested as it would have been, in the same period, in an uninjured animal; while other

rabbits, in whom the nerves were at the same time divided, but in which no tube was fixed in the trachea, presented after death all those appearances described by Wilson Philip. The same writer also concluded, from digestion being impaired after the spinal chord was destroyed in the lumbar region, that the nerves given off from this part of it, have a direct influence on the stomach. Dr. Holland, however, contends, that this function was impaired, not from the stomach being deprived of a portion of nervous influence, but from the general diminution of temperature, and the consequent congestion in the lungs, and impeded circulation. This was very evident in the only rabbit in which the thermometer is stated to have been employed, the heat sinking gradually in 34 hours, from 98° to 75°.—p. 228.

It is an ingenious, and, as far as we know, an original idea of our author, that, in the child, from the little energy required in the digestive organs, the non-development of the parts of generation, and the absence of all depressing mental affections, which tend to cause internal congestion of blood, the circulation is essentially external, while, in the adult, from the reverse of these, it may be said to be essentially internal.—p. 102. This idea will serve to explain, why a young animal will suffer more from the application of cold, than an adult; which is not, as Dr. Edwards supposed, from its inferior faculty of generating heat, but, from the surface of the body being deprived of a greater quantity of blood, and the lungs being proportionally oppressed by it, and thus prevented from duly performing their functions. To prove this, the author removed a certain number of young, and a certain number of old rabbits, from a room at 43° in which they had been kept for three days, into another, the temperature of which was 67°, and found, that while the former gained on the average 3°, the latter gained only 1½°. The experiment would, however, have been more complete and satisfactory, had the animals been first placed in a room at 67°, and their temperature taken then, as well as on the two subsequent occasions.

It will also account for the different character of the hæmorrhages affecting young and old persons, far better than the suppositions of Cullen, and Parry, who attributed it to the different relative density of the arte-

rial and venous coats at different periods of life.

The power of resisting a high temperature, is ascribed by Dr. Holland to the circumstance of the air in the lungs being rarefied, so that the blood exposed to it, is less perfectly oxygenised, and the generation of heat, consequently limited; where, however, the temperature of the air exceeds that of the body, this can have but a very slight effect, and he is certainly wrong in laying comparatively so little stress on the evaporation from the surface, which must necessarily be far more efficient, as a positive counteraction to the heating effect of the surrounding atmosphere. The great heat of the skin in fever, sometimes depends on diminished evaporation, and sometimes on increased generation of heat. In the former case, the patient is very sensible of cold, the pulse is generally small, and the blood, when drawn, is not buffed; in the latter, the reverse is the case. This fact may serve as an answer to those who might adduce the heat of the skin in congestive fevers, as an argument against the proposition with which the first chapter is headed.

In local inflammations, the heat is, according to Holland, rather to be attributed to diminished evaporation, than to a specific action of the vessels of the part; but it may also depend on the increase in the quantity of blood, and the more frequent renewal of it, from the excited action of the capillaries, (p. 265); with regard to the latter cause, the author's opinion is opposed to that of most modern writers on inflammation, who agree that the circulation in an inflamed part, is slower than natural.

The observations on the action of opium on the system, (p. 240, et seq.) are very far from satisfactory, and do not tend to solve the difficulties which have hitherto attended its explanation. The author denies that it acts as a sedative, or stimulant, according to the dose; "for," says he, "in the greater number of instances in which the former property is exhibited, the action of the heart is augmented; and when the latter is supposed to be present, from the great vigour exhibited by the heart and arterial system, the faculties of the mind are depressed, or incapacitated from performing their ordinary functions. It is, therefore, manifest, that contradictions and inconsis-

tencies exist, in the various opinions brought forward." Whatever may be the precise manner in which opium first acts on the system, it is generally allowed that it sooner or later induces congestion, both in the lungs and brain, a circumstance from which the author draws the important practical conclusion, that in those cases in which it has been taken as a poison, emetics are serviceable, not merely by emptying the stomach, but by relieving the congestion of blood, and determining it to the surface, a point well worthy the attention of those who consider the stomach pump as an efficient substitute for emetics. To the same principle may also be referred, the beneficial effects of bleeding under similar circumstances.

The object of the twelfth chapter is chiefly to show, that the sensorium has no direct influence through the nervous system, upon the action of the heart, and that injury done, or stimuli applied to the former, affect the latter only through the medium of the blood; and this is, in great measure, proved by the author's own experiments, as well as those of Fontana, Monro, and even Wilson Philip, though he considered them as proving just the reverse. We give the author's own words:—"The heart has been shown to be independent of the brain, yet capable of being influenced by it. If the former organ be independent of the latter, the sensorium is, every moment, dependent on the heart for its vitality, and the exercise of its functions; therefore, whatever mechanical means are applied, whether to the whole or any single part, they will disorder the action of the heart in proportion to the extent of the sanguiferous system implicated. The return and distribution of the blood will be retarded and arrested, and this circumstance cannot occur, without giving rise to evident effects in the contractions of the heart."—p. 272. In the observations on diseases of the heart, introduced in chap. xiii., under the head of "Palpitation," there is one statement, viz. "That diseased valves may be regarded as the cause of every change of structure that affects the heart," which is certainly incorrect. Instances of hypertrophy and dilatation, without any valvular disease, are very common, and we almost as frequently find disease of the valves existing

alone, unaccompanied by any further organic derangement.

The objection to Burns' explanation of the cause of a paroxysm of the morbus cruræus, appear very just, though he has not substituted any other for it. This writer has stated, that it takes place from an accumulation of blood in the arterial system, induced more or less speedily, accordingly as the heart is excited or not; but it is evident, that the relative proportions of oxygenised blood transmitted through the lungs, and of venous blood, which passes through the foramen ovale, will be exactly the same, whether the heart be acting rapidly or slowly.

In the 14th chapter, Dr. Holland asserts, that sea sickness depends on pulmonary congestion, and "does not hesitate to affirm, that there is, in every stage of nausea, an increased quantity of blood in the chest, and a diminution in the head;" but to this it may be objected, that sea-sickness is frequently kept up by exercise, which tends to lighten the lungs, by producing a determination of blood to the skin, and is relieved by perfect quietude and opium, which have nearly a contrary effect. We regret that our limits do not allow us to notice the remaining chapters, the contents of which are at least as interesting as those which we have noticed. The work reflects credit on the industry and research of the author.

#### CLAIMS OF M. CIVIALE TO THE INVENTION OF LITHOTRITY.

*To the Editor of THE LANCET.*

SIR,—I have read with great and painful surprise, in your last Number, a series of statements, reflecting in very unmeasured language, on the pretensions of Dr. Civiale as a scientific man and a moral character. I regret, exceedingly, that one gentleman should have spoken so inconsiderately of another, and particularly of one who has merited so well, not only of his country and of his age, but of the entire human family. From the long and intimate relation in which I have had the honour of standing towards that truly meritorious individual, having participated in the long series of his brilliant operations, I feel bound, as well in justice as in gratitude, to defend him from unmerited aspersion.

For the credit of M. Heurteloup, I could

have wished, most sincerely, that he had rented for fame upon his own merits, and not deemed it necessary, as an element of success, to impugn the rights of Dr. Civiale, as the author and inventor of the operation and instrument employed for lithotrity; nay, more, I would fain persuade myself that most of the inaccuracies of which I complain, have slid into print, between M. Heurteloup's ignorance of our language, and misapprehension on the part of your reporter, else how could it have been stated that M. Civiale was indebted to M. Le Roy (d'Étiolles) for the model of his instrument, or that he had possessed himself of it surreptitiously?

The article states that, five years ago, M. Heurteloup, indignant at Civiale's conduct towards M. Le Roy, first turned his attention to lithotrity; yet M. Heurteloup's indignation did not, at the period he mentions, prevent him from inserting in the *Archives Générales*, May, 1824, a highly laudatory article, in which he thus expresses himself.—"The foregoing is a rapid *exposé* of M. Civiale's method . . . For my own part, hurried away by my enthusiasm at the splendid results which M. Civiale has obtained from the researches in which he has been engaged since 1817, I have, &c." M. Heurteloup concludes this article by adopting the words of the report to the Academy of Sciences, which are, "We are of opinion that the new method proposed by Dr. Civiale, for destroying the stone in the bladder, without having recourse to the cutting operation, is alike glorious for French surgery, honourable for its author, and consoling for humanity."

The facts of the case are as follows:—

M. Civiale, who had been previously occupied in constructing instruments for the destruction of calculus in the bladder, addressed, in June, 1818, a memoir to the minister of the interior, demanding an advance of money, to enable him to execute instruments of his own invention, for destroying stone in the bladder without cutting. This memoir was transmitted a few days afterwards under the No. 30,639, to a commission of the Faculty of Medicine, with explanatory drawings. M. Civiale was immediately informed by the minister of this proceeding, and, on the 14th of the same month, the Barons Chaussier and Fovvy were appointed to report on the same. The instrument, even then, was called a lithonriptor, and was executed the following year by an artisan of Paris, with modifications and improvements, so as to resemble, very closely, the instrument now in use. The reporters, in 1824, place this fact beyond question, by the following expression:—"Thus we can trace back to four or five years the existence of this method."

At what time, it will be asked, did M. Le Roy publish his lithotriptic instrument? In 1822, a month after M. Amussat had shown the possibility of effacing the curvatures of the urethra—a fact which M. Le Roy affirms was the ground-work of his inventive efforts, and of which he was ignorant (as he states himself) until M. Amussat proclaimed it. Now the Egyptians seem to have been aware of the fact; the Romans knew it; it was taught by Rameau, Lieutaud, and Santarelli, of Rome, in the last century, and in the present it had been demonstrated by Lassus, Montagu, Gruithuisen, Elderton of Northampton, (I believe,) and by Civiale.

From what precedes, it is evident that four years at least, intervened between the presentation of M. Civiale's memoir, and the publication of M. Le Roy's instrument. The principal difference between the inventions of these gentlemen was, that instead of elastic branches, M. Le Roy proposed watch-springs for seizing and fixing the stone in the bladder. But the application of this instrument was impossible; and so convinced was M. Le Roy himself on this point, that he soon after substituted for the watch-springs, a branch pincers resembling that of M. Civiale. It is, however, important to remark that this change of M. Le Roy's instrument, was not made till M. Civiale's method and operations were generally known. A passage from Baron Percy's letter to M. Le Roy on this subject, and published by the latter, places this point beyond the reach of cavilling. "I have in my possession," writes Baron Percy, "one of the little watch-springs, for which you have substituted the pincers of Franco's relation; you let it drop in my room when you came to show me your instruments, with which, assuredly, you could not have performed one of those brilliant operations of which M. Civiale made us witnesses."

This change, however, was not a fortunate one for M. Le Roy; for the extremities of the branches not being sufficiently curved, it was scarcely possible to avoid pinching the bladder, in the attempt to seize the stone; and, accordingly, M. Le Roy informs us that this accident happened in the case of a woman, upon whom he made the first application of his instrument in April, 1824. He tells us, "*he could not seize the stone; that the bladder was pinched; that there was great difficulty to withdraw the instrument; that the patient afterwards submitted to be cut, and that she died.*"—(See page 149 of his work.)

We may now infer which of these gentlemen copied from the other: but this is not the only fact connected with the imitation of Civiale's instrument.

M. Civiale's first instruments had no pro-

vision for preventing the water injected into the bladder, from flowing out during the operation. His experiments on living animals pointed out the necessity of remedying this defect. The same defect existed in M. Le Roy's instrument, to correct which he again copies from Civiale.

M. Le Roy himself could not shut his eyes to the evidence of M. Civiale's claims; he avowed that he had previously assured himself, by reading M. Civiale's memoir, that M. Civiale had proposed, in 1818, a pincers, with elastic branches, for seizing the stone, and a stilette or perforator to reduce it. Such an avowal places M. Le Roy in a very awkward predicament.

Now I put it to any honest man, on the facts I have stated, to say which of those gentlemen is guilty of the plagiarism? Whose is the invention of lithotritry? Where now are the grounds of M. Heurteloup's indignation?

It should not be overlooked, that the commissaries, Barons Chausser and Percy, who drew up their report in 1824, were the same who had been appointed to report on his Memoir in 1818. These honourable men did not hesitate to speak of this method as Civiale's, or to say that M. Civiale "had arrived the first."

Touching the prizes awarded by the Academy of Sciences, the facts are as follows:—In 1824, the Academy adopted the report, in which M. Civiale's claims are judged. In 1825, the Academy promised prizes for the most favourable results of lithotritry. In 1826, the Academy, not judging the moment favourable for the distribution of prizes, distributed titles of encouragement only, awarding to Dr. Civiale 6000 francs, and to M. J. Le Roy d'Étiolles, 2000 francs. In 1827, the Academy granted 10,000 francs to M. Civiale, and a medal of encouragement to M. Le Roy, of the value of 2000 francs. In 1828, Baron Heurteloup obtained a prize for improvements in the instruments, on condition of publishing his instruments together with the cases in which they had been employed. He has not complied with this condition, and consequently, as I have been informed, the prize is in abeyance. And here let me add, that it is incorrect to say, that the title of Baron was conferred on him, for his merit as an operator for the stone. This title descends from M. Heurteloup's late father, on whom it was conferred by Buonaparte. The only title conferred by the French sovereign for merit as a lithotritist, was that of Knight of the Legion of Honour on M. Civiale.

I fear, Sir, I trespass too largely upon your columns. The defence of Dr. Civiale has led me very far, and yet an important part of my subject still remains.

1st. It is incorrect to state, that perfora-

tion is had recourse to for the destruction of small stones. When stones do not exceed the size of a hazel nut, they are crushed at once by the united pressure of the perforator and the claws. As to the entanglement of the claws with the three-branch instrument, I have never seen it happen, and I believe I am warranted in saying, that if such an accident were likely to occur, I should have seen it. It is, however, matter of notoriety, that this accident has happened to Professor Lallement, of Montpellier, whose dexterity in operating is well known, with M. Heurteoup's four-branch instrument. The details of the case have been published by M. Lallement.

2d. The instrument *à virgule*, is far inferior to the perforator shown last year in this country, by my friend Dr. Pecchioli. It is applicable to only about an eighth of the calculous patients susceptible of cure by this method. It is too weak for safe use in ordinary cases.

3d. The value of the four branch pincers is exemplified by Professor Lallement's case. The objections to it may form the subject of a subsequent observation. The *pince à forceps*, formerly called the *pince servante*, which comes in for so much admiration, consists of nineteen pieces. Civile's instrument may not, from its simplicity, stand so high in the estimation of some people, as it consists only of six pieces.

4th. The *brise coque* was, no doubt, necessary to complete the *ensemble* of the theory. I shall only make one observation on this instrument. If the three-branch instrument adapts itself *without the necessity of perforation*, to fragments or small calculi, what is to become of the *brise coque*? Of course it must share the fate of all the *brise coques* that have gone before it, not excepting even Dr. Civile's.

The sense of the profession in France is shown in the simple fact, that in March last, when Professor Baron Dubois, whose character is sufficiently known in this country, was to be operated upon for the stone, he gave the preference to Civile and his simple instruments, and when his cure was effected, he addressed, through the medium of the medical and literary journals, a most flattering letter to the Professor, and in which he speaks of the operation as one "to which M. Civile has irrevocably attached his name."

The foregoing observations would never have been submitted to the public, if the writer alone had been concerned; but when a man, whose talents have been of such eminent utility to science and mankind generally, was so unfairly stigmatised as a charlatan, it became the duty of one who has had so many opportunities of judging of Civile's skill, to set the public right upon the

subject, and defend his character from unjust attacks.

I have the honour to be, &c.

W. B. COSTELLO.

108, Jermyn Street, St. James's,  
August 4th, 1829.

## OSPEDALE DI FERRARA.

### SUCCESSFUL TREATMENT OF ANEURISM BY THE TEMPORARY APPLICATION OF A LIGATURE.

MARIANO CIRVELLATTI, *etat.* 22, of a robust constitution, was, on the 21st of July, 1828, bled from the left arm by an unskilful surgeon, who divided the artery along with the vein, so that violent hæmorrhage ensued, which was ultimately arrested by strong compression. The external wound speedily healed, and the patient resumed his former occupation, but was, a short time afterwards, obliged to give it up again, on account of a tumour which appeared under the cicatrix. On his admission into the hospital on the 7th of September, the aneurism being very painful, and of the size of a turkey's egg, he was repeatedly bled, ordered spare diet, and had ice placed on the tumour; the further development of which being not retarded by these means, an operation was performed on the 17th of September by Dr. Malago. An incision having been made along the internal margin of the biceps, about an inch above the tumour, the artery was isolated, and a ligature applied to it, with a small cylinder of adhesive plaster, according to Scarpa's method; the two extremities of the ligature were twisted until pulsation was imperceptible, both in the tumour and the radial artery; the edges of the wound were brought into close contact. Immediately after the operation, the patient felt a sensation of cold in the left hand, accompanied by tingling and numbness. He was twice bled on the same day, and a third time the following morning. Thirty-five hours after the operation, obscure pulsations were felt at the wrist, and sixty hours afterwards, the ligature was loosened and withdrawn together with the cylinder. No unfavourable symptom was observed after the operation, there was hardly any fever; the tumour diminished in size, and the sensation of cold in the hand disappeared; the numbness continued, however, for about twelve days, after which the limb had reacquired its usual sensibility. After the removal of the ligature the wound soon cicatrised, so that on the 7th of October the patient was discharged cured, the tumour being then reduced to a third of its former size.—*Nuovo Mercurio delle Scienze Mediche.*

## HOPITAL BEAUCON.

## MELANOTIC TUMOUR IN THE SUBCUTANEOUS TISSUE OF THE HAND.

F. F., a middle aged man, of plethoric habit, and a robust constitution, was admitted on the 28th of March, 1829; he stated that seven or eight years ago, a livid blotch, similar to an ecchymosis, had, without any obvious cause, formed in the palmar surface of the right hand; and after having remained stationary during almost a twelvemonth, became covered with a small bladder, which, being punctured, discharged a reddish fluid; the blotch subsequently reassumed its former appearance, but somewhat enlarged, and became, shortly afterwards, covered by another bladder, which disappeared under the same symptoms as before. On the further and repeated recurrence of these phenomena, the patient applied to a surgeon, who cauterised the blotch with the nitrate of silver, after the eschar had detached, profuse and unhealthy suppuration ensued, and continued under several methods of treatment which the patient underwent, but of which he was unable to give any correct account; it appears, however, that caustic solutions of various kinds were applied. In 1828, the disease assumed a more malignant character; two distinct tumours formed, of which the one was of a fungous appearance, and covered with sanious matter, the other still covered by skin, but extremely painful. Under a regular course of mercury, and the local application of arsenic, the two tumours gradually disappeared, cicatrization took place, and, for some time, there existed no trace of the disease, except a few small livid blotches at the inner surface of the hand; within a short time, however, a new tumour formed on the back of the hand between the two first metacarpal bones, but without causing any inconvenience until the beginning of February, when the blotches on the palm became the seat of most violent shooting pain; the arsenic was now again applied, but not with the same effect as before; for after the eschar had come away, a fungous tumour began to protrude from the ulcerated surface, and rapidly increased to an extraordinary size. On his admission into the hospital, the whole palmar surface of the hand, with the exception of the region of the fifth metacarpal bone, was occupied by a very hard, painful, and almost globular tumour, of more than two inches in diameter, of uneven surface, and traversed by a longitudinal furrow; at the circumference, it gradually terminated in the skin; its centre was

ulcerated, of a brown livid colour, and discharged very fetid sanious matter. The tumour on the back of the hand was smaller, free from pain, and covered by very thin skin, through which the melanotic colour of the subjacent tissue was distinctly visible; the other parts of the hand appeared to be healthy; there was no swelling, and the fingers were moved with the greatest facility. The general state of the patient being very satisfactory, M.M. Marjolin and Blandin decided for the amputation of the hand, as the extirpation of the tumours was impracticable, on account of the large surface which the disease occupied, and of the ill consequences which ulceration might be attended with; besides, it was impossible to determine how deep seated the disease was. The operation was, on the 5th of May, performed by M. Blandin; a semi-lunar flap was formed of the dorsal surface of the hand, and of the skin of the palm; as much was spared as appeared perfectly healthy. Only two vessels were tied during the operation, which was performed with uncommon quickness. The wound was united by adhesive plaster, and a bladder, with ice, placed over it. In order to prevent the accumulation of purulent matter between the muscles, which is so often observed after amputation of the hand, graduated compresses were applied along the posterior and anterior surface of the arm. After the operation, the patient was rather agitated; and, in the evening, his sensibility was so much exalted, that the least touch caused the most excruciating pain. On the following morning he was still more irritable, so that M. Blandin, being apprehensive of the accession of tetanus, ordered the external and internal use of opium; the application of ice was continued. On the 7th the extreme sensibility had a little diminished, but the forearm having become swelled, the graduated compresses were removed; the external use of opium was discontinued. On the 8th, the patient felt tolerably well; the dressings being removed for the first time, the wound was found almost completely united. The remedies were continued, and he was allowed weak beef-tea. During the following days his general state continued to be satisfactory; and, on the 12th, one of the ligatures came away. On the 13th, he was rather agitated; and, on removing the dressing on the 14th, the wound was found to be surrounded by slight erysipelatous inflammation; it was accordingly dressed with dry lint, over which an emollient poultice was applied. On the 17th, the erysipelas had begun to disappear, but the patient complained of violent pain in the posterior surface of the lower portion of the arm, where an abscess formed, which, being opened on the 19th, discharged a great

quantity of purulent matter; the wound from the operation, had almost completely cicatrised. On the 24th, erysipelas again appeared, and rapidly spread over the forearm. On the 27th, the whole limb was swelled, and the erysipelas had extended to the upper arm; the poultice was discontinued, and linen, with common cerate, used in its stead. On the 2d of May a blister was applied on the forearm, in order to check the further progress of erysipelas, which, from this moment, was limited, and eventually dispersed under the formation of small abscesses at the anterior surface of the lower portion of the forearm. The swelling of the arm continued, however, until a circular bandage was applied from the cicatrix up to the shoulder, under the use of which it had, on the 23d, completely subsided, when the patient left the hospital in apparent health.

On examination of the removed part, the subcutaneous veins were found gorged with blood, and the cellular tissue by which they were surrounded, of a dark-red colour, as if filled with ecchymosed blood. The tumour on the inner surface of the hand was principally seated in the palmar aponeurosis, but had numerous prolongations, which penetrated between the interstices of the muscles; one of them extending upwards through the ligamentum carpi; the tendons of the flexor muscles of the fore and middle finger, though themselves not altered in structure, were completely surrounded by melanotic matter, and the spaces between the metacarpal bones were also filled by it. The tumour itself was of the size of an orange, but of irregular form, and uneven surface, except on the ulcerated portion; it was of a slate colour; its tissue was similar to that of steatomatous tumours, and, on pressure, discharged a black fluid. The tumour on the back of the hand was smaller and more superficial, but of the same colour and consistence.—*Journ. Hebdomad.*

### HOTEL-DIEU.

#### CASE OF DOUBLE VISION.

C. D., a printer, about 60 years of age, of a healthy constitution, applied to the Hôtel Dieu on the 30th of April, on account of impaired vision. He stated, that he had for some months been subject to an oppressive pain across the forehead, but had never been affected with any disease of the eyes, except that the right eye was much more irritable than the left, and rather subject to epiphora. Towards the end of April last, when walking in the street, he observed that a cloud suddenly formed before his eyes, so that he

could not distinguish any thing; at the same time the light was very disagreeable, and the pupils much contracted. A bleeding from the arm having produced but a slight amelioration, he went to the hospital, where he was again bled on the 1st of March, with somewhat better effect, for the headach diminished, and sight became more distinct; the contraction of the pupils, however, continued. He was ordered spare diet, and in the evening four grains of tartarised antimony, which induced purging, but no vomiting. On the following morning, the cloud before his eyes was completely dispersed, but every thing appeared double to him; one of the images was very clear and distinct; the other, which was smaller, more obscure, and, as it were, indefinite, disappeared whenever he moved his head, or when the objects themselves were moved; the diplopia also ceased when one eye was closed. Up to the 5th of May no change took place in the condition of the patient; from this period, however, blisters being successively applied over the whole forehead, the diplopia gradually diminished, and the patient began to see objects single, whenever they were not more than seven or eight inches distant from the eye. On the 17th, a seton having been put in the neck, the improvement still continued, and objects even at a considerable distance were perceived simple, though rather confused; and whenever the patient turned round, or when he for some time fixed his eyes on one and the same object, double vision returned: the same happened with all objects seen at a great distance. Under the use of aperients and spare diet, the seton being at the same time made to discharge freely, he gradually improved, and within a short time simple vision was perfectly restored.—*Journ. Hebdom.*

### SURGICAL & OPHTHALMIC CLINIC, OF THE UNIVERSITY AT BONN.

#### POLYPOUS TUMOUR IN THE LACHRYMAL SAC.

S. GRESIN, ætate 32, of a delicate constitution, having, from her 18th year, regularly menstruated, was, in the summer of 1823, affected with chronic coryza, which, on the least exposure to cold, became very troublesome, and, after having continued for more than a year, was accompanied with profuse epiphora, to which, shortly afterwards, violent inflammation of the lachrymal duct and sac, with an erysipelatous swelling of the face, acceded. The acute symptoms having gradually subsided, there remained a very tense and painful tumour of the lachrymal sac, which, on pressure, was observed to discharge a great quantity of puriform mucus through the nostril and the lachrymal

puncta. From this time the patient was subject to repeated attacks of inflammation of the lachrymal sac; the tumour itself did not increase in size, but became more firm, and did not yield to pressure so completely as before; at the same time the lachrymal canal became partially obliterated, and it was only by very strong pressure that any purulent matter was discharged through it. Towards the end of September, 1828, she was admitted at the institution, under the care of Professor von Walther, who, on examining the tumour, found it very hard, and on strong pressure distinctly felt a solid body in its centre, which appeared to be movable, of globular form, and about the size of a small filbert; the lachrymal ducts seemed almost completely obliterated, for there was hardly any purulent matter discharged through them during the examination. M. von Walther was rather doubtful whether the solid body in the tumour was a lachrymal calculus or a polypous excrescence. An incision was made into it, and a considerable quantity of purulent mucus and tears having escaped, the polypus readily presented itself, attached to the anterior paries of the sac by means of a thin but very firm pedicle, and thus being divided the tumour was extracted without any further difficulty. The nasal canal, which was found obliterated, was opened by means of a probe, and the wound simply dressed. The little tumour was perfectly solid, homogeneous, and appeared to consist of albuminous matter, coloured by blood. On the third day after the operation, a tent was placed in the lachrymal sac. From this time nothing remarkable was observed, and in the middle of January, 1829, the patient left the hospital perfectly cured.—*Græfe and Walker's Journ.*

## WESTMINSTER HOSPITAL.

### WOUND OF THE HEAD—HEMIPLEGIA.

SUSAN RANDALL, a child about four years of age, was brought into the hospital, 1st February last, with a wound of the head. Whilst playing, a boy struck her with a rake, one of the teeth of which penetrated the superior longitudinal sinus, near the anterior bregma. The little patient had lost two or three ounces of blood, seen to jet out at each pulsation of the brain. The wound was dressed by Mr. Lamb Smith, with pledget and strapping, and lotions were ordered to be constantly applied.

Feb. 2. A good deal of pain in the wound, and in the forehead; a slight hemiplegic affection of the right side. A powder of rhubarb and calomel to be given immediate-

ly, and four leeches to be applied to the temples.

4. Symptoms rather ameliorated; leeches to be repeated.

5. Bowels open; stools rather graveolent; repeat the powder.

9. The hemiplegic affection entirely removed; a slight purulent discharge from the wound, the edges of which are granulating.

21. The general health has retrograded; she has become dull and fretful; refuses her food; skin dry, stools fetid; a scab has formed over the wound. The child is transferred, by Mr. Guthrie's desire, to Sir Geo. Tuthill, who prescribed ten grains of scammony, with calomel, every night.

23. A small collection of matter has taken place under the scalp near the wound, and is liberated.

March 14. The child is very sluggish, fretful when spoken to, sleeps much, and uneasily; extreme languor, loss of appetite, pallid countenance; left pupil contracted; right pupil dilated; skin dry, bowels costive, urine scanty; oedema of the lower extremities. Pulse 110, irritable. Take of

*Spirit of nitric ether*, 4 drachms;

*Creom of tartar*, 2 drachms;

*Spearment water*, 8 ounces. Mix an ounce, to be drunk every six hours.

April 1. The symptoms unabated; a blister to the nape of the neck; a purging powder every night.

2. An abscess has formed in the heel, and is this day opened; about six drachms of healthy pus discharged.

6. The patient is considerably better, plays with another child cheerfully; bowels open; stools of a good colour, consistence, and smell; urine copious, and the other emunctories in action; the abscess in the heel nearly closed; the wound of the scalp still seceding a little matter.

8. The oedema has disappeared, and the child may be considered convalescent.

20. Discharged in good health.

Mr. Guthrie remarked of this case, that the longitudinal sinus might be opened without much inconvenience, the hæmorrhage stopping, *sua sponte*, in a short time. The strong adhesion of the sides of the longitudinal sinus prevents the effusion of blood, and, consequently, pressure from a coagulum within the cranium: the symptoms he ascribed to incipient hydrocephalus.

### LITHOTOMY.

(Case of Michael Atherton, concluded from page 540.)

July 16. Considerable restlessness exists during his waking hours, and starting during sleep, and other indications of hydrocephalus; skin hot; stools offensive; pulse 130;

tongues loaded. Mr. J. R. Alecock gave him the following at bed time :—

*Calomel*, 2 grains ;  
*James's powder*, 2 grains ;  
*Lump sugar*, 4 grains. Mix.

17. Passed an uneasy night ; faeces pass through the wound ; but the little fellow appears rather more cheerful this morning. Continues the saline and antimonial medicine.

18. Has passed rather a better night, but an unfavourable change took place this morning. He has become excessively irritable ; a slight convulsive fit occurred at 9 A.M. Skin hot ; pulse innumerable ; breathing difficult. The warm bath at 11, surface cold and mottled ; pulse imperceptible. Twelve, at noon, he expired. Examination not permitted.

#### INJURIES OCCASIONED BY A FALL.

Morgan Thomas, a stout well built man, about 40 years old, was brought in on Tuesday, 28th ultimo, at ten A.M., having fallen on his head from a scaffold forty feet high. When first seen, he was in the following state. Recumbent on his back ; surface cold, countenance pallid, pupils dilated, ecchymosis of the left eyelids ; mixed venous and arterial blood flowing freely from the left ear, above which was a <sup>small</sup> wound, extending across the pars <sup>superior</sup> of the temporal bone ; on intr. <sup>of the</sup> <sup>finger</sup>, a fissure was distinctly perceptible. The man was insensible to all outward impressions ; breathing slow and laborious, with slight stertor ; an <sup>in</sup> the pharynx indicated an obscure consciousness in that viscus, of some extraneous substance, probably blood flowing from the Eustachian tube. The carpal end of the radius of the right forearm was broken within an inch of the wrist, and the bursa of the left rotula was torn open. To obviate the collapse, Mr. D. O. Edwards, who received the patient, determined on the immediate application of stimulants ; and, judging from the general stupor, that the sensitive property of the glottis might be impaired, he introduced a long gum-elastic tube through the left nostril, into the œsophagus, and, with the aid of a common syringe, injected an ounce and a half of brandy ; this was to be repeated every hour until the arrival of the assistant surgeon. The head was then shaved, and an evaporating lotion applied ; hot applications were made to the lower limbs, and the trunk was well covered with blankets.

Mr. Harding arrived at noon, and laid bare the bone by reflecting the temporal muscle ; he discovered two fissures of the temporal bone, meeting, at an acute angle, in the auditory process, and extending upwards,

through the pars squamosa, into the os parietale. The angle was considerably depressed ; it was raised by an elevator, and removed with a Hey's saw ; a spiculum of bone, which had penetrated the dura mater, was then drawn out. The wound was closed with a suture. A momentary effect was produced, the irides became contractile for a few seconds, and the stomach resumed its power, and threw off a coagulum of blood ; but this effort of nature to rally was but of very short duration ; the irides again expanded, and the stomach became powerless. The stimulant plan was continued during the remainder of the poor fellow's existence, which terminated at five A.M. of Wednesday, 29th July.

#### Autopsy 32 hours after decease.

The subject was muscular ; all the pectoral, abdominal, and pelvic viscera, sound. The calvarium was carefully removed, and the brain taken out ; a coagulum involved the whole basis external to the arachnoid tunic. The fracture extended across the base, as far as the pars squamosa of the opposite bone ; the left os petrosum broken into several fragments ; the tympanum, labyrinth aqueductus Fallopii, with the facial nerve, and canalus caroticus, clearly exhibited. The membrana tympani, cavernous sinus, and the circular sinus of Ridley, <sup>and</sup> the basilar process of the os occipitis, even from the sella turcica, and the sphenoidal sinuses exposed. The fracture was starlike, having four radii, its centre being the left os petrosum. Two radii, <sup>one</sup> upwards through the squamous portion, one across the base, and another forward, through the ala major, into the orbital process of the os sphenoides. The lateral sinuses were impacted with coagula. The brain did not appear much congested ; but a few drachms of grumous blood were found in the ventricles.

#### GUY'S HOSPITAL.

##### CARCINOMA OF THE BREAST.

Tuesday, July 28. The only operation performed here this day was by Mr. Morgan, on a female about forty years of age, for the removal of a cancerous breast. This was effected, in his usual manner, by the double elliptical incision, and two arteries secured. After its removal, the edges of the wound were brought together, and held in approximation by a single suture in the centre ; a broad pledget of lint was then placed above, and a corresponding one below the wound, leaving its lips exposed between

the pledgets, which were afterwards crossed by two broad strips of adhesive plaster. Previous to the application of the dressings, a small portion of the mamma, which had been left at the upper part of the wound, was dissected out from beneath the integuments. This the operator afterwards pointed out as containing several black points, each of which, he stated, was enclosed in a sac; but, on minute inspection, we could not (with the naked eye) detect any such structure. These, he said, constituted the disease in its incipient stage, and had the part not been removed, there would have been a recurrence of the complaint, probably to the same extent as had, under the then existing circumstances, required an operation. On examining the breast after its removal, a section being made across the diseased portion, (which was not of large extent,) the characteristics of cancerous disease, in a more advanced stage, became evident, and ought, he said, to have been fully developed, yet the integuments remained entire. The cancerous part was of a hard cartilaginous nature, but easily torn by the fingers, having in its centre a softer kind of cheesy looking substance, of a lightish brown colour. In different parts of the mammary substance, there could be discovered other traces of the disease in a less advanced stage, and the centre was found hard and scirrhous, having white ligamentous bands passing to the circumference. Here were likewise seen several black points similar to those already mentioned. One of the glands towards the axilla was enlarged, which the operator stated to proceed from sympathetic irritation, and which, he said, would most probably subside, as he had frequently found in cases of this description.

## ST. THOMAS'S HOSPITAL.

### PROFUSE HÆMORRHAGE FROM THE GUMS.

DANIEL DONOVAN, aged 40, was admitted by Dr. Elliotson, on the 25th of June, into Jacob's Ward, with hæmorrhage, proceeding from around the first and second right bicuspid teeth of the upper jaw. The bleeding has existed, he says, for nearly three months, and has made him very pale and thin, and exceedingly weak. Bowels slightly constipated; tongue not coated; pulse small and weak. Says he never had hæmorrhage of any kind before, except occasional bleeding at the nose about three years ago, and has never adopted any medical treatment. It is now so profuse, that if the teeth be sponged perfectly clean, they

are again completely covered with blood almost immediately. Ordered

*Supracetate of lead*, two grains;  
*Opium*, half a grain every six hours.

Half an ounce of castor oil early to-morrow morning.

27. Hæmorrhage continues without any diminution.

28. The bleeding has evidently decreased. Has no pain or griping of the abdomen. Bowels open. The supracetate of lead to be given every four hours.

30. Hæmorrhage increased since yesterday, but is still less than on admission. Bowels open; pulse 84, soft and weak; no pain of abdomen.

July 3. There is still considerable hæmorrhage, but less than on admission.

*Supracetate of lead*, three grains every four hours.

4. Has vomited twice to-day; free from pain, but very weak; appetite bad; bowels open. Two raw eggs daily beat up in two pints of milk. Take the supracetate of lead every three hours.

6. Hæmorrhage decreasing.

9. The bleeding has entirely ceased since yesterday, and he has not experienced any inconvenience whatever from the medicine, but obstinately refuses to take any more, because, he says, "it makes him so weak," although warned that, unless he does so, the bleeding will probably return, and may very possibly occasion death. He was, therefore, dismissed.

Dr. Elliotson, addressing the pupils in reference to the above case, observed,

"This case illustrates the utility and safety with which large doses of lead may be given. In some books it is said that lead should never be given internally; in many others, that a grain or two may be administered every four or six hours. I have frequently given, as in this case, three grains every two or three hours; and even for a length of time, generally without any inconvenience, and always with no more than was easily subdued. If the bowels are kept regularly open by castor oil, no colic of importance need be feared; and pains of the limbs, which may follow its use, generally soon give way to colchicum. If a grain or two every four hours will stop a hæmorrhage, larger quantities would be absurd and unjustifiable; but I have seen many cases so profuse or obstinate, that, as in this instance, larger doses were required, and proved successful."

We have ascertained within the last week, that the bleeding has returned in large quantities.

## CHOREA.

Ellen Donlyn, a girl of tolerably healthy appearance, between nine and ten years of age, was admitted on the 4th of June, under Dr. Elliotson's care, with St. Vitus's dance. The patient stated, that she first perceived convulsive twitchings of the upper extremities on the 20th of May last, which have been gradually increasing up to the present time; and have now also attacked the lower extremities, in consequence of which her walk is very unsteady, and she invariably falls in attempting to stoop, as in curtsying. Has not any headache, or thirst, neither is there pain, or tension of the abdomen, or other symptom of worms; pulse natural; bowels regular; tongue slightly coated white.

Ordered, *subcarbonate of iron*, 2 drachms to be given every six hours, and if the bowels should be confined, half an ounce of castor oil occasionally.

7th. Convulsive twitches in the face, which is rather hot; face flushed; pulse 80, soft and not full; bowels open; tongue white. Continue the subcarbonate of iron, and, if necessary, castor oil.

9th. Was asleep and quiet, when visited by Dr. Elliotson, this morning. The sister of the ward says, she complains less of pain in the head, and the involuntary twitchings of the extremities less violent.

12th. The headache has entirely ceased; bowels regular; pulse soft and natural.

Continue the medicine.

16th. Remains free from pain, and there is less twitching of the extremities; can walk more firmly, but still falls on attempting to curtsy; bowels open; tongue clean.

July 19th. Has continued free from all pain, and been gradually improving since the last report; she is now perfectly steady; the dose of carbonate of iron has not been at all increased, and the bowels having been relieved daily, it has only been found necessary to administer the castor oil once; tongue clean; pulse natural; continue the subcarbonate of iron.

30th. Discharged well.

Dr. Elliotson remarks, that the treatment of chorea with the subcarbonate of iron, is far more successful than with purgatives. Since Dr. Elliotson published a report upon the use of it, in the twelfth volume of *The Medico-Chirurgical Transactions*, he has had nearly twenty cases of the disease, and every one was cured by the subcarbonate. The bowels should, of course, be kept regularly open, but nothing more is necessary. The present patient took but one dose of castor oil, the whole time she was in the hospital. The headache, experienced soon after her

admission, ceased in a few days; and Dr. Elliotson has always seen, not only headache, but vertigo, and even a little numbness, and fatuity, decline under the remedy. Of course, they might be so strong as to require leeches and purgatives; but this is so rare that he has never met with an instance. The remedy should be steadily persevered in. The time for the cure may vary from six to twelve weeks. No amendment may be perceptible for a month or six weeks: but Dr. Elliotson has never met with a failure in his own practice.

## EXETER HOSPITAL.

## LIGATURE ON THE AORTA.

On Sunday, the 12th ult., Mr. JAMES, one of the surgeons of this institution placed a LIGATURE ON THE AORTA, in a case of *aneurism* of the external iliac artery. In one of the Exeter papers, it is stated that the operation was "successfully performed;" but it was that kind of success of which the Irishman boasted when he had killed his hog, for the patient survived the infliction of the knife only two or three hours. It is an appalling operation, and we hope not to hear of its repetition—at least in a case of *aneurism of the external iliac artery*.

## ADULTERATION OF BREAD.

To the Editor of THE LANCET.

MY DEAR LANCET,—I am quite satisfied you will forgive this familiarity of address, when I acquaint you, that though we are personally unknown to each other, I consider you to have done much good, whether regarded in the form of a broad-shouldered, spear-pointed instrument, or in that of a weekly periodical. Your opinions are daily gaining ground amongst well-disposed and well-informed members of the medical profession, and with the community at large; and there can be no doubt of our achieving, before long, a complete triumph over the aethal junto that has heretofore opposed you. Your conduct satisfies me that you are indifferent to no abuse, the exposition of which, will contribute to the preservation of human life, to the maintaining of health, and, consequently, to the general promotion of industry, activity, and happiness. With these remarks I am now anxious to call your attention to an evil of

the most mischievous character, I mean the quality of the bread of the metropolis, as I am convinced, if you will set to work *à la LANCET*, and bleed Mr. Dough powerfully, that you will do more good towards correcting the evil in one week, than the legislature in a session. This article, so essential to life, and to the poor man and his family particularly, is most grossly adulterated with alum, which, swallowed in the form of bread, is most injurious to health, and tends much to shorten the duration of life. A great number of men, women, and children from the country, who have been accustomed to eat home-made bread, and drink home-brewed beer, become occasionally objects of my observation. Shortly after the arrival of these people in the metropolis, they complain of languor, headach, constipation, and general derangement, which I have no hesitation in ascribing to the bread they are obliged to eat. No argument which is favourable to the murderous system thus followed by the baker, can be drawn from the use of alum in the hands of the physician: for if this were allowed to have any weight with us, the use of arsenic, were it available to the nefarious purposes of the baker, and a variety of other articles of medicine, might be justified on the same principle. To remedy the evil, not only ought the baker to be severely fined for purchasing the alum himself, or through his agents, but the druggist, grocer, apothecary, or chemist, convicted of selling it, knowing the purposes to which it is to be applied, should be severely punishable by law. As I know no man who earns his loaf with more credit to himself and utility to the public than yourself, I have earnestly to entreat your energetic aid, in remedying an evil of so flagitious, and unfeeling a character. It falls, in the first instance, principally on the poor, but, in its ultimate operations, affects the pockets of the opulent, and the industrious. I am sure you will enter warmly into the disgrace thus entailed on my name and family by unprincipled men; a family surpassed by none in antiquity and utility, and trusting to your aid.

I am, my dear LANCET,

PANIS.

London, July 25, 1829.

## LITERARY INTELLIGENCE.

DR. MADDOX TITLBY has in the press, *A Practical Treatise on Diseases of the Genitals of the Male*; with a Preliminary Essay on the History, Nature, and General Treatment of Lues Venereæ; and an Engraving of Elephantiasis of the Scrotum.

## TO CORRESPONDENTS.

COMMUNICATIONS have been received from Dr. Mason—Mr. J. Heckwith—Mr. Bradley—Mr. Charles Roberts—Mr. Thomas Wright—Mr. Richard Laming—Mr. John Perkins—Mr. John M. Draper—Dr. Edwards—Mr. Dewhurst—Mr. Winslow—Dr. Walker—Mr. Rickards—Mr. Barham—Mr. George Phillipson—Mr. Milburne—Justitia—Expositor—A Reformer—Viator—A Correspondent from Dublin—A Licentiate of the Hall—Petens.

The communications of "T.W." and Mr. Millar, will appear next week.

If the Royal College of Surgeons echoed the voice of the profession, the abuses of which "Castigator, Mr. Henderson, Scrutor, M. W. H., A Pupil, Viator, A Country Practitioner, and Philo-Veritas," complain, would not exist a single month. We have no efficient governing body; hence there is no! no! but quackery and confusion. Sooner or later the Charter *must* be abrogated.

"Expositor's" accusations partake too much of a personal attack to be inserted, unless they are authenticated by the author's name and address.

"L. B., Greenwich." The question proposed cannot be answered in this place; but if L. B. will appoint a time when he can call, we shall be happy to see him on the subject of his note, which we regret had been mislaid.

Many thanks to a "Licentiate;" but we cannot avail ourselves of his offer.

Mr. Green's paper contains some ingenious speculations; but the article is much too long for the limits of this journal.

The Council have just passed some very LIBERAL "regulations," in order to appease the wrath of the "country druff." A tub to the whale. The scheme will not succeed.

"Z. \* \*—+." We know the fellow well. He is high enough at present, but "down, down," will ring in his ears, ere long. He is a rank impostor.

Will the author of a satirical poem on the College of Surgeons, which was forwarded to us about three years since, favour us, confidentially, with his name and address?

H. S., of Bedford, we hear, is on the fret. He may be assured that Mr. Taylor has done his duty. We expect to be able to send a certain paper to him by this night's mail. What will he say to that?

# THE LANCET.

[Vol. II.]

LONDON, SATURDAY, AUGUST 15.

[1828-9.]

## CLINICAL LECTURE ON ELEPHANTIASIS.

By M. BIETT,

*Of the Hôpital St. Louis, Paris.*

THE oldest descriptions of the Elephantiasis Græcorum, are found in the works of Aretæus and Galen, though, as appears from a passage in Pliny, it was of frequent occurrence in Italy as early as at the time of Pompey. According to Galen, it originated and was from very ancient times very common in Egypt; the complete silence which Strabo and Herodotus observe upon the subject seems, however, to oppose this opinion.

In Europe the disease first spread at the time of the Crusades, as appears from the foundation of the order of St. Lazarus, and the erection of a great number of hospitals for the reception of patients afflicted with elephantiasis; ecclesiastic writers speak of it as early as in the sixth century, and mention the regulations which, at this period, had been published by the bishops, in order to check its further progress. More recently the disease has been observed by travellers of various nations in Asiatic Turkey, Egypt, Abyssinia, Madeira, Sumatra, Ceylon, in India, Cayenne, the West Indies, and in different parts of Europe, especially France and Spain.

The breaking out of elephantiasis is generally preceded by great lassitude and dullness of mind, which sometimes amounts to real idiotism. After these precursory symptoms, which, especially the latter, generally disappear in the course of the disease, the skin is gradually covered with brown spots of bright appearance, as if varnished, and of an irregular form, somewhat like that of *peioris guttata*; they are, in most cases, perfectly insensible, so much so, that even a considerable degree of heat applied to them is not felt by the patient. After more or less time the blotches gradually degenerate into tubercles of a round and globular form, and a

bronze colour. At this period of the disease, two different kinds of tubercles may be distinguished, the one being seated in the epidermis, of circular form, with a horny substance in its centre, the other more deep-seated, of irregular form, and more like tuberculous intumescences than distinct tubercles. Sometimes the blotches are very rapidly followed by tubercular eruption, and the latter is attended with fever; in most cases, however, the development of the tubercles is rather slow and irregular. The extremities, and especially the face, are the principal seat of the disease; the skin of the trunk often remains free from it for a considerable time; the cheeks, nose, eyes, and eyelids are deformed, the features become larger, and the whole countenance undergoes such a peculiar change as to induce the ancients to give the disease the name of *Leontiasis*; that of *Satyriasis*, M. Biett conceives is also founded on the similarity between the face of satyrs, as represented by the ancient artists, and that of a patient in the advanced stage of elephantiasis. The disease now gradually extends to other tissues, the conjunctiva becomes inflamed, the cornea thickened and ulcerated, and sometimes the whole eye is destroyed; the soft palate is covered with tubercles, the follicles of the tongue enlarge and ulcerate; the uvula inflames and swells to double or triple its usual size; the glottis and mucous membrane of the larynx become infiltrated, and the patient loses his voice entirely; the mucous lining of the œsophagus and stomach are inflamed, and subsequently beset with ulcerations; the patient is affected with diarrhoea, colic pains, fever, dyspnoea, (less from disease of the lungs than from cutaneous perspiration having ceased completely,) &c. The period within which the disease becomes fatal varies extremely. M. Biett lately observed a case in which the patient, after having been affected with elephantiasis for twenty years, had hardly any constitutional disturbance.

Most pathologists mention the "libido inextinguibilis," as a constant symptom of the disease; Aretæus speaks of it, but in such vague terms, that his real opinion can hardly be ascertained. More recent writ-

ers, who consider the same symptom as pathognomonic, rely upon the story related by Niebhr, of a leper, in the lazaretto of Bagdad, who, being violently tormented by the sexual desire, contrived to infect a female with the disease, so that she subsequently was placed in the same hospital and submitted to his passion. It is sufficient to observe, that elephantiasis not being contagious, the above account does not deserve much attention. Besides, the observations of Adams, Heberden, Robinson, and Ainslie offer direct proofs against the existence of the above symptom in elephantiasis. J. Adams never found that the genital organs became prematurely developed in patients who had not attained the age of puberty; and in others, who were above twenty, the generative faculty, far from being increased, was gradually lost, and the genitals became atrophic. This agrees with the remark of Fallos, who saw, on the borders of the Yaick, Tartars affected with a disease, the description of which perfectly coincides with that of elephantiasis, and who had completely lost all venereal desire.

The post-mortem examination of patients, who have died after elephantiasis, offers the following morbid alterations:—The skin is of a bronze colour, intermixed with brownish-yellow patches. The tubercles, the two different kinds of which, as described above, are very distinct, are, in some points, covered with thick scales, and often accompanied with deep and extensive ulcerations. On examining the skin, it is found thickened, very hard, and discoloured, sometimes infected, and exhibiting traces of incipient suppuration. The cornea is, in most cases, attenuated, wrinkled, and perforated by ulcers. The palate is covered by a great number of tubercles, which appear to have originated in the mucous follicles; the same morbid alteration is found in the mucous membrane of the larynx, the ligaments of which are very often extensively destroyed by ulceration; the trachea, pharynx, and oesophagus are beset with ulcers; the stomach is, in most cases, healthy, but the mucous membrane of the intestinal canal exhibits a morbid alteration analogous to that of the skin, enlargement of the mucous follicles, ulceration, and very often cicatrices from previous ulcers. The mesenteric glands are enlarged; the lungs are but seldom diseased, and M. Biett found tubercles in them only in two cases out of five. The substance of the bones is often diseased, but not always.

On the nature of elephantiasis, pathologists entertain very different opinions. The ancients, especially Aretæus, considered it as a general cancer; some modern writers have regarded it as originally a disease of the lymphatic system; others, as a peculiar

form of syphilis, &c. M. Biett is inclined to consider it as a disease of the cutaneous system, since its first and principal symptoms occur in the skin, and since, in true elephantiasis, the functions of the other systems very often remain undisturbed for a considerable length of time.

It is difficult to establish the distinctive character of elephantiasis from such diseases as lucté, baras, &c., which are, probably, nothing but various modifications of one and the same disease. In India there are, according to Robinson, two distinct forms, the one of which agrees with the description given above, while the other coincides with the disease called *elephantiasis anaesthetas*, the *baras* of Avicenna, and consists of large flatish, wrinkled, insensible, scaly patches, a peculiar disorganisation, and large and deep ulcerations of the feet and hands. This latter form has also been often observed and described by Winterbottom. The *mal rouge de Cayenne*, the *rosa asturiensis*, and the *pellagra* of Lombardy, are, perhaps, nothing but modifications of elephantiasis.

The general belief of the Hindoos in the hereditary nature of elephantiasis appears to be unfounded. M. Biett himself has seen sixteen cases of accidental elephantiasis, almost all them in individuals who had been living for a length of time in India, Madeira, &c., and he himself once attended a lady from the Colonies who was affected with elephantiasis, and whose children, though born after the development of the disease, have always been, and are still, in the enjoyment of perfect health. On the other hand, however, there exist instances in which the disease has been communicated from parents to their offspring, even for several generations.

All ages are liable to be affected with elephantiasis; however, in the Lazaret of Funchal, the greater number of patients was generally below puberty; females appear to be less liable to it; for, according to the reports of J. Adams, the number of male patients in the above hospital was, during a century, 536, that of females only 373. Of the sixteen patients who were observed by M. Biett, fourteen were males.

Climate has a very marked influence on the development of elephantiasis, which may be said to be almost entirely confined to the tropics; especially to India, Egypt, Abyssinia, the north-western coast of Africa, and the adjacent islands, the Azores, and the north-western part of South America; it occurs, however, occasionally in Europe, having been observed amongst the inhabitants of Vitrolles, a small town of Provence, and at Martigues, without ever spreading to the neighbouring places. M. Biett was told by a young physician, that it was very

common in the plains of Tarragona; and the individual from whom he derived this information had seen, at Würzburg, a patient, who, during the campaign in Spain, had contracted the disease near Tarragona; it would be worth inquiring, whether it might not have been imported by Spaniards who had resided in tropical countries, and have been afterwards transmitted by them to their descendants.

The natives of tropical countries are, according to Ainslie, much more subject to it than European residents; he observed, however, cases in Danes, Swedes, Germans, &c., but never in Englishmen. That the latter are, however, not exempt from it, is proved by the experience of English writers, and by that of M. Bielt himself. Certain aliments have often been accused as remote causes of the disease, as sea-fish, milk, especially that of buffaloes, &c.; this appears, however, to be by no means sufficiently ascertained. The suppression of natural excretions, especially that of the skin, and mental emotions, have also been considered as productive of elephantiasis; but this, as well as the opinion of the Hindoo practitioners, that coarseness has a great influence on its development, are still to be regarded as doubtful. M. Bielt saw, in 1819, a case of elephantiasis after great distress of mind; but justly observes, that the existence of any causal relation between the latter and the former, cannot be inferred from this single fact.

The general opinion of ancient and even modern writers, as Darwin, Cullen, &c., of the contagious nature of elephantiasis, is proved to be erroneous, by the observations of English practitioners in India and Madeira, and of French physicians in America.

The diagnosis of elephantiasis is not so easy as might appear at first sight; the form called *anaisthetos* has, in the first stage, some resemblance to lepra, from which it may however be distinguished, by the irregularity and insensibility of the scaly patches which, in the latter disease, are circular, and with a depression in the centre. Although the idea of elephantiasis being connected with syphilis is daily refuted by numerous facts, the exanthematic forms of lues are not unfrequently confounded with it; and M. Bielt lately saw a young man from Martinique, who had been considered as affected with a syphilitic eruption, until M. Bielt pointed out the irregularity and insensibility of the scaly patches, as the characteristics of elephantiasis. Syphilitic tubercles are easily distinguished from those of elephantiasis, by being more superficial, less hard, and generally forming circular patches.

The great number of remedies used in elephantiasis is the best proof of the uncertainty of each. The different stages of the

disease clearly requires the use of different remedies, and their indiscriminate employment hardly ever leads to a favourable result.

In the French West India Islands, lepers are generally sent to the island of Desirade, the mild climate and excellent fruits of which are said to exert a beneficial influence on them; cleanliness, light diet, frequent exertion, &c., greatly assist the use of the remedies employed. Wine is prohibited by most practitioners. M. Cassan, after a long practice in the West Indies, considers, however, the moderate use of it as beneficial.

The external remedies in elephantiasis are especially affusions of sea-water, and sulphuretted water, the vapour-bath, stimulant ointments and blisters. By means of the latter, M. Bielt obtained the complete cure of a young man from Port-au-Prince, in a very advanced stage of the disease. The warm bath, except when rendered stimulating, appears to be useless in elephantiasis.

The employment of internal remedies is almost entirely confined to the first stages of the disease; at an advanced period, when the mucous membrane of the intestinal canal partakes of the affection of the skin, mucilaginous emollients are alone admissible. In the southern part of America, *sudorifics*, especially *sarsaparilla* and *gusjacam*, are the favourite medicines; in India, the *Asclepias gigantea* is considered as infallible, especially on the authority of Playfair, whose accounts of its efficacy appear, however, to be greatly exaggerated. According to Robinson and Ainslie, it sometimes cures elephantiasis *anaisthetos*, but has no effect in the tuberculous form.

Heberden relates the case of a person affected with inveterate tuberculous elephantiasis, who was eventually cured by *Cinchona* and ammoniacal frictions. In this disease, the *Auspasia Sphylla* is considered most effectual remedy.

The external and internal use of mercury has been attended with various effects; Heberden, and, latterly, M. Lordat, of Montpellier, very strongly recommend mercurial frictions. M. Butin, of Geneva, attended a lady from the Isle de Bourbon, affected with inveterate elephantiasis, which he treated with mercurial frictions, a method which he requested M. Bielt to continue after the patient's arrival in Paris, as it had been attended, from the commencement, with extraordinary success, the tubercles having collapsed, and the skin became altogether more active, &c.; but, all on a sudden, the patient became feverish, the tubercles inflamed, and a great number of abscesses formed over the whole skin. M. Bielt afterwards lost sight of her, but sup-

poses that she could not have long survived.

The use of arsenic is much celebrated in India; one part of the white oxide is mixed with six parts of black pepper, and the mixture having been kept in agitation for seventeen days, is used in one grain doses at the beginning, and increased or diminished according to circumstances.

In 1819, a patient of M. Bielt's, who offered a complication of the two forms of elephantiasis, took, during sixty-eight days, the arseniate of soda, the doses of which was gradually increased to half a grain; the tubercles collapsed, and instead of yellowish brown, became of a livid colour; his general condition improved, but two months afterwards he died accidentally. On examination of the body, the digestive organs were found perfectly healthy.

Iodine appears to have a marked effect on elephantiasis; M. Bielt used it with apparent benefit in a case which was admitted last year; the patient died, however, of pneumonia. He employed the tincture, hydriodate of potash, and the iodides; the iodides of barium and of arsenic he has not yet used, but thinks them worthy of trial.

Lastly, viper-broth was recommended by the ancients, but is, at present, deservedly abandoned. The opinion of its efficacy rests partly on the case of a person affected with the disease, of which he is said to have been cured by drinking from a vessel in which a viper was lying, partly on the known fact of vipers throwing off their skin, from which it was ingeniously concluded, that their flesh must have some analogous effect in inveterate cutaneous affections.

We conclude with giving the two cases of elephantiasis at present in the Hôpital St. Louis, on the occasion of which M. Bielt delivered the above lecture.

The first case is that of a young man of seventeen years, whose father is a Frenchman, and mother a native of the colonies, and none of whose relations have ever been affected with the disease. About four years ago he came to Europe, apparently in the enjoyment of perfect health; after a little more than a year's residence in France, he observed a slight eruption on the face, similar to what he had some time previously had on the extremities; the nature of the disease was, for a long time, not suspected, until the patient was placed in a "*maison de santé*," the medical officers of which readily discovered it. Several remedies, amongst which was the muriate of gold, were tried, but without any effect. M. Bielt, who was consulted, recommended the use of iodine, which excited, however, such an irritation of the digestive organs, that its further use was not deemed advisable; under these circumstances, he was admitted

at St. Louis. The face was covered with thick prominent tubercles, especially on the cheeks, eyelids, and eyebrows; the nose was enlarged, flattened, &c.; some of the tubercles were divided by large ulcerated furrows; the skin of the extremities covered with large brownish yellow patches, intermixed with tubercles, especially on the outer surface of the arm. The mucous membrane of the mouth and palate, and the conjunctiva, were also covered with tubercles; the voice was hoarse, &c. This was an instance of the tuberculous form; but, as appears, in some respect, intermixed with that called anaethetos.

The other patient was fifteen years old, a native of Guadaloupe, of French parents; in his tenth year he had an eruption of yellow patches on the extremities, which was successfully treated by sulphureous frictions, but within a short time reappeared, and gradually spread over the trunk and face; they were perfectly insensible, and most numerous in the palms of the hands and the soles of the feet, which were thickened, and traversed by deep furrows; the articulations of the phalanges were almost ankylosed. None of the patches had ever terminated in a tubercle. On his admission at the hospital, they were very large, and completely insensible, but the healthy skin between them had retained its natural sensibility. The fingers were bent, and livid; the face slightly swelled, especially at its lower part, and covered with large but not very thick scales; there was hardly any constitutional derangement. M. Bielt ordered iodine in various forms and doses with such good effect, that, after three months, the patches were considerably less in number and size, the skin had reacquired its natural colour and sensibility, and the ulcerations had cicatrised. The treatment being continued, recovery gradually, though slowly, proceeded, and the little patient is now almost entirely cured.

#### CASE OF POISONING BY ARSENIC, WITHOUT INFLAMMATORY MORBID APPEARANCES.

By THOMAS WRIGHT, Esq., M.R.C.S.I.

At half past nine o'clock, May 21st, I was called to a Mrs. K—g, of Francis Street, who had taken poison about three hours previous. An apothecary's lad in her neighbourhood, on being acquainted therewith, had administered twenty grains of sulphate of zinc in solution; (I should premise that she told the fact of herself, and suffered little or no pain for at least half an hour or more;) vomiting was then produced, and mechanically kept up by her husband tick-

ling her throat with a feather, and drenching her with warm water sweetened, which brought up with it a white substance. This treatment was continued until the fluid came up clear, two gallons of water having been swallowed before she desisted; after the lapse of about an hour, the poison reproduced vomiting for half an hour to the extent of the greatest exhaustion, which was succeeded by a cessation of all symptoms. At this stage I found her perfectly free from all pain, even on pressure; rather drowsy; answering all questions, though not freely, quite collectedly. Sat up in bed on being pressed to do so, and drank out of a vessel which she took into her hand; not thirsty; no factor of breath; pulse very feeble and rapid; I could not count it; surface bedewed with a cold clammy sweat; said she was exceedingly weak, and begged to be let alone, that she would rather be allowed to sleep. In a very short time after, expressed a wish, from increasing weakness, to drink of "something warming to her stomach;" a little peppermint water was administered, when she fell, apparently, into a sound sleep, from which she only awoke in about four hours having elapsed from the time of having swallowed, as was found on inquiry, about an ounce of white oxide of arsenic. Some dispute arising about the examination of the body, it did not take place until forty-one hours after death, when an inquest was held by the coroner. The body then exhibited the following appearances: limbs rigid, skin of the upper surface, as the body lay, of a sallow, and the under surface of a livid, hue. Not the most trifling mark of violence, nor any appearance of putrefaction.

**Dissection.**—Stomach: two spots of the peritoneal coat appeared more coloured than the rest; a very few capillary vessels minutely injected; the same appearances on the intestines; in every other respect quite healthy; liver sound; lungs remarkably flabby and soft, quite empty, not a drop of blood in it; left ventricle rather firm, blood in it, perfectly fluid, and not the most trifling coagulum to be found. I carried the stomach home with me, and did not examine it until the following morning, it being too late in the evening when the inquest was held.

**Internal appearances of the stomach:**—Contained about three pints of reddish-coloured fluid; cardiac orifice, and a long piece of the œsophagus, both healthy; no erosion. Pyloric orifice: two very small vascular spots, and a minute ecchymosis; in general the villous coat bore no other mark of disorganisation; at spots was a perceptible blush, and no more; several large patches, covered with a viscid white paste, adhering

so as to bear being scraped off, and no mark of injury underneath it, flakes of this white paste floating in the red fluid alluded to. (These, I suppose, were dislodged in my carrying it to my house at some distance.) I examined the solid contents, and my friend, Mr. P. C. Roney, licentiate, tested the fluid contents; the results were as follow:—

1. Some of the white paste, boiled in a solution of the carbonate of potash, and filtered, threw down a light-green precipitate, by adding sulphate of copper.—

2. Some of the same solution, on being heated with nitrate of silver, threw down a dense yellow precipitate.—3. On treating the same with lime-water, a white precipitate was formed.—4. The scrapings of the filter being triturated with black flux, and then, in a long glass tube, exposed to the heat of a blow-pipe, metallic arsenic was sublimed on the sides of the tube. The three first tests only, were tried by Mr. Roney on the fluid contents, with precisely similar results. (By way of contrast, we treated a decoction of leeks with sulphate of copper; a yellowish green precipitate was thrown down, that from the arseniate of potash using a bluish green, and manifestly dissimilar.)

In this case the stomach pump was not tried, inasmuch as the woman was dying, and it was not at hand, and, on minute inquiry, all the fluid she had ejected for the last two hours had come off perfectly clear, having previously brought up a large quantity of arsenic. Indeed her comparative state of quiescence from all untoward symptoms, and her state of exhaustion, finally led me to be of opinion, that any attempt at saving her was hopeless, if she would have submitted to it. She expired shortly after.

Here is a case terminating most rapidly, and no inflammation whatever in existence, or other apparent deleterious effects of this drug as a cause of death. This leads me to ask, "What is the kind of action produced by this substance, and in what manner does death occur from it?" According to the foregoing detail, inflammation of the stomach and intestines cannot be considered as the cause of death. According to Brodie's theory, death was caused "by the derangement of the organs of circulation," the most powerful corrosive poison we possess producing many of the symptoms, and the effect of, a narcotic poison. I am not aware of any similar case being on record, and I am induced, therefore, through the medium of your invaluable Journal, to give the foregoing to the profession.

Dublin, Aug. 1, 1829.

## EFFICACY OF IODINE.

By W. BRADFELD, Esq., Surgeon.

SARAH THOMAS, *ætat.* 25, applied to me in consequence of an enlargement in the right side. When I first saw her, she complained of pain in the right hypochondrium, which increased upon pressure; of dyspnoea, and inability to lie on the left side; her pulse was quick and hard; her complexion was exceedingly discoloured, and all the symptoms which indicate some hepatic affection presented themselves. I immediately recommended the following treatment:—twenty leeches to the part affected, and afterwards apply blistering plaster.

*Powdered cantharides*, one drachm;

*Savin cerate*, one ounce;

Mix and make an ointment, to be applied night and morning.

*Mercurial pill*, one drachm;

Make twelve pills; let her take two night and morning, till the teeth begin to be affected.

*Subcarbonate of soda*, one drachm;

*Powdered rhubarb*, half a drachm;

*Comp. sp. of ammon.* half a drachm;

*Infusion of gentian*, twelve ounces;

Make a mixture; let her take three tablespoonfuls three times a day.

She persevered in the use of these and other medicines for some time, but all to no purpose; the enlargement of the liver had increased very much, I was therefore determined to have recourse to the iodine, having frequently witnessed its effects in eradicating tumours upon different parts of the body. I prescribed in the following manner:—

*Hydriodate of potash*, one drachm;

*Lard*, one ounce;

Mix and make an ointment, to be applied to the affected side three times a day.

*Tincture of iodine*, one ounce;

Let her take eight drops three times a day, in a glass of milk, and increase the dose gradually to twenty drops three times a day.

She continued to take this medicine for a month, and at the expiration of that time, the enlargement of the side was not perceptible; she remains perfectly convalescent up to this time. When my patient first began to take the iodine, the tumour was as large as a good-sized egg.

London Wall, July 24th, 1829.

## QUACKERY IN BERWICKSHIRE.

To the Editor of THE LANCET.

SIR,—While attending the medical classes in Edinburgh, I occasionally purchased your widely-circulated and highly meritorious

publication, the perusal of which afforded me more real pleasure and satisfaction than I could ever have enjoyed by a participation in all the amusements of the metropolis; and since commencing the practice of physic and surgery, I have still greater hopes of reaping from it benefit and enjoyment. No one more admires than I do, your unwearied zeal and exertions, in promoting the true interests of our profession, and though I am but a "nameless wight," and a person "of no mark or likelihood," yet permit me to add my feeble testimony to a work, to the value of which all classes of the profession will, sooner or later, I trust, see reason to subscribe. It may give you some satisfaction to learn, that among the medical teachers in this country, there are some independent and candid enough to recommend your pages to the notice of their pupils. Among these let me mention, with the greatest respect Dr. Mackintosh, of Edinburgh, whom I have heard frequently repeat in his lectures, that though you had sometimes scarified him, "Nevertheless," said he, "he is a fine fellow, THE LANCET:—THE LANCET is a very good book; without exception, it is the best periodical of the day." Such were the precise words of Dr. Mackintosh, as a pupil of whose class I shall be ever proud to rank myself.

As you have always been most ready to expose corruption and empiricism in all its forms, it is the intention of this paper to lay open a system of impudent quackery, which has long prevailed in this neighbourhood, to the great detriment and annoyance of the regulars of the surrounding country. It has grown to an extent quite unequalled in the annals of medicine, and yet no one has had the courage to make the attempt of crushing the many-headed Gorgon. It were, indeed, vain for me to hope to suppress such a long-established system of iniquity, but, nevertheless, I shall not be deterred from speaking the truth. Dunse has the honour of holding within its precincts the dwelling place of a most puissant doctor, to whom *Æsculapius* was a mere pigmy. For many years this bold undaunted man has gone on wrestling with the most formidable diseases, which prove as nothing in his terrible hands. No case so desperate, but he dares cope with it; broken and disjointed limbs, "leprosies, ulcers, scabs, and plagues," tumours of every shape and size, are but playthings to him. With his "burning plasters," he extirpates the most inveterate cancers, and his patients willingly suffer the torments of Tartarus under his diabolical treatment. But kill or cure, it is all one to the "infallible doctor;" for he is prudent enough to receive his pay, before he will undertake the management of his cases; and it not unfrequently happens, that this unblushing em-

pirate receives four or five pounds from some poor labouring man, before he will prescribe one drop or pill, and the deluded people of course pay him with far less reluctance than they will a regular practitioner. It is a very common thing with him, to make people who are labouring under rheumatic pains of the shoulders, believe, that the joint is off, and, in order to extort money from such dupes, he causes them to undergo a little drawing and manipulation, reducing the dislocation with "a clap of his hand," curing them to their great satisfaction. I heard of a case last summer, to which this master of physic was called in. He asserted, that the man's shoulder was dislocated, which might have been the case, but it seems he used such extreme force in its reduction, that a violent inflammation ensued, and the patient died in great agony in a few days, saying, that "the doctor" had killed him! Not long since a farmer, in returning from market, was thrown from his horse, and received certain bruises and contusions in his lower extremities; he was carried home, and our great Esculapian champion was sent for, who made his poor confiding patient believe, that "his thigh-bone was both broken, and off joint;" accordingly, the fellow instituted a process of reduction, and incased the limb in splints, bandages, and plasters. But behold the result—in a few days the humbugged patient felt he could move his limb in all directions, and could not be persuaded to stay in bed, and in little more than a week, the "fractured and dislocated" thigh could perform all its functions without pain or difficulty. Such is but a small account of our doctor's work. It has been often said, that this great man has cured many desperate cases which had baffled all the skill of the most eminent surgeons of Edinburgh. But could the grave tell tales, I am afraid it would be found that he has killed more than he has cured. We hear much of his cures, but his failures are never heard of; and even when he is successful, Nature, or some lucky chance, has as much to do with the cure as the doctor; such patients

----- "escaped from ill

By help of fate, not of the doctor's skill."

The fame, however, of this distinguished quack extends far and wide: patients come to him from all quarters, and sometimes from a great distance, and were he not much attached to the *brandy bottle*, he might have been, long before this, a man of fortune; indeed it is wonderful he is not rich, for I have known him charge five or six shillings for a two ounce phial of the *tinct. toluifera balsami*, and all other medicines in proportion. In fact, his demands are exorbitant, and he does not lose

much by bad debts, being generally paid in advance! The people in this neighbourhood most sincerely believe, that the doctor has in his possession a catholicon for "laying swellings," as they say; and I have heard a man assert, that he has seen with his own eyes, a swelled and inflamed limb falling under the influence of this magical specific, like a blown bladder which had been punctured with a pin! O most potent doctor! Why not disclose the secret remedy? I am credibly informed, that *Monro Secundus* offered our sapient doctor several thousand pounds for his specific, but *Esculapius* would not accept of the offer, unless the professor would acknowledge himself as his pupil! But it is said, that Dr. *Monro* really had the presumption to decline such a distinguished honour! Nevertheless, every one believes the doctor infallible, and all fly to him as a rock of safety. When he fails, well may the patient despair. This were the less to be regretted, if we saw the poor and the ignorant only, becoming the dupes of this bold impostor, but it is lamentable that the cultivated and the well-informed should be imposed upon by such a system of humbug; rich and poor, however, seem to gaze after the man, as if he were more than human. But to give the doctor his due—he is rather a clever man, and has been a wonderfully bold and persevering fellow; he, indeed, owes all his success to his boldness, which is worthy of a better cause. Where he comes from, or what he was originally bred to, I cannot learn. Some say he is a son of the "emerald isle," and was formerly a weaver. Should this paper ever meet the doctor's eye, it is hoped that he will excuse the writer for being thus free with him. I would only wish him to be a little more candid, and not endeavour to make a mystery of his profession. But alas! how can he not otherwise, for he is an empiric? I must say, that I feel some risings of compunction within me, while I am applying the lancet to this demi doctor, for he has had several dealings with some of the family to which I belong. My grandfather was treated by him for some sore on his under lip, to which he applied a plaster of the oxymercurate of mercury (the quack's sheet anchor,) which gave him the most excruciating pain, and I have no doubt, tended to shorten his days. My father, also, has been under his care, for a compound fracture of the left tibia, and in this case he seemed to be the instrument in saving his life. But, bating all this, I cannot say that I like the man:—

"Non amo te, Sabidi, nec possum dicere quare;

Huc tantum possum dicere, non amo te."

It is, no doubt, a great consolation for the



of blood, he injected, with a powerful syringe, into the twisted arteries of a dead body, a fluid of equal density with the blood, but in no instance did the bulwark of the twisted extremity give way, although, in several instances, the coats of the arteries were ruptured by the force of the pressure employed. M. Amussat has not communicated to me any examples of its application on the living subject.

To illustrate more cogently the principles which this justly-celebrated physiologist wishes to establish, I shall suppose a case of divided radial artery. Each of the bleeding extremities is to be laid hold of by the self-shutting forceps already described; the flow of blood being thus arrested, the operator seizes hold of the forceps, already fixed on the artery, and gently extends the vessel from its sheath, whilst, with the probe-pointed forceps in the left hand, he grasps the artery about three or four lines from its extremity, and presses the sides together, thus limiting the extent of the tortion, which is next to be affected. The insulated piece of artery is now to be twisted to ten or twenty half turns, and the conical end of the vessel remains perfectly secure. By the traction first applied, the elastic external coat is drawn over the two inner and less versatile tunics, the ends of which are rolled back, so as to plug up the mouth of the tube, and afford a safe basis for a coagulum. The consequent effusion of lymph guarantees the success of the process.

Of the practicability of M. Amussat's plan I have had no personal experience, and I therefore do not presume to offer an opinion.

I am, Sir,  
Your obedient servant,  
D. O. EDWARDS.

Westminster Hospital,  
6th August, 1829.

P. S. M. Amussat has also invented an improved lithotritic apparatus, and an instrument for dilating the urethra.

#### FARMING COUNTRY PARISHES.

*To the Editor of THE LANCET.*

SIR,—In No. 303, of your invaluable Journal, I have read, with great pleasure, a letter signed X., creditable alike to your correspondent's talents and good feelings, in which he points out a few of the miseries to which the poor are subjected, in consequence of the method observed by the parish authorities in procuring them medical attendance. Experience having made me acquainted with the evils of which X. so justly complains, it has for a long time

been my intention to address you on the subject, and although I have been in some measure anticipated by X., I cannot refrain from offering a few remarks on "the farming of parishes." I do this the more readily, as I am convinced that the subject is not only of great interest to the humane, but that it is of the greatest importance to the respectability of the profession. When we recollect that most parishes are farmed out, or, in other words, that the poor wretched paupers, amounting often to six or eight hundred persons, have their lives entrusted to the care of him who will physic them for the least money, the evils attending such a system will at once be apparent to every reflecting mind. It is a notorious fact, in many parishes containing the number of paupers I have mentioned, the medical man who attends them receives no more than 20*l.* or 25*l.* per annum, and I actually know a parish where the medical officer received only 5*l.*; and for this paltry sum he is expected to include all surgical cases and midwifery, and find medicines for these cases, and frequently the parish is four or five miles from the attendant's residence. But how has this arisen? From the poverty of the profession? No, Sir, it has arisen from the mistaken economy of the parish authorities, who, without considering the talent of the respective practitioners of the village, let the poor to him who sends in the lowest tender. I do not accuse the gentlemen who undertake the management of parish affairs of inhumanity, but I say they do not sufficiently reflect upon the consequences that must inevitably result from the method they adopt. How can it be expected, that a village practitioner, whose rides to his own patients often comprise a distance of seven miles round, can afford to pay that attention to the sick paupers, which their sufferings demand, for the trifling sum of 20*l.* or 25*l.* per annum. If he perform his duty to them he must neglect his own patients, and as by this he must materially reduce his income, the alternative is, that the poor are neglected. It may be asked by many (not medical men) why then do the profession accept the office on such terms? The simple answer is this:—The appointment of parish surgeon, in the country, carries with it a certain weight, and, in the opinion of many, is a certain test of talent, which, to a medical man, is of the highest importance, and which procures him the greater part of his practice. As long as the present abominable system exists, we shall witness the same inhuman proceedings; the medical man will refuse his attendance when sent for, will carelessly consider the case of the dying sufferer, or will insufficiently attend or supervise, and when the natural consequence is neglect, the death of his

patient, is announced to him, he will bear it without remorse. This is not an exaggerated case, as many beside myself can testify; and this, Sir, arises from the system of "farming parishes!" I cannot think so unfavourably of parishioners *en masse*, as to suppose, that seeing these evils they would wish to continue them; but, Sir, I would call upon the members of the profession themselves to remove the stigma (for such it must be considered) from their character, and once more step into that rank of society to which, by education and talent, they are entitled. If the profession would unite in refusing to attend the poor for a yearly salary, and only do so for a fair and reasonable compensation for each person, they would soon attain this desirable object. Besides, it would have the effect of dividing the practice, and preventing that mean and despicable competition which now unfortunately exists.

In the hope that some efficient plan may be devised to avert the consequences of this degrading system,

I have the honour to be, &c.

A COUNTRY PRACTITIONER.

July 31st, 1829.

#### DISPENSARY ABUSES.

*To the Editor of THE LANCET.*

SIR,—Having read, with great attention, the remarks of yourself and several of your correspondents, respecting the conduct of many medical officers of public dispensaries and infirmaries, which I am sorry to confess are in the majority of cases, too true, I beg to mention, that the apothecary of a certain dispensary, in the neighbourhood of Broad Street, Golden Square, (which I believe is mostly for children,) is so careless in the compounding the medicines prescribed by the physician, that where more than one powder is ordered for the patient, instead of carefully mixing the several ingredients together, and subsequently dividing them, they are carelessly put into one paper, and the powder is ordered to mix them together with a spoon, and divide them into the required number of doses. In one case a powder was exhibited to me in which one-third was calomel, and the mother was nearly giving this to her infant. The attendance on sick children at their homes is equally bad. The physician has private practice, which prevents his attending properly to them. Once now and then a deputy, generally a pupil, is ordered to officiate with the apothecary, in the absence of the physician, who may be suddenly or-

dered on a Russian expedition. These gentlemen neglected a child, afflicted with the measles, for nearly a fortnight, and then were compelled to be sent for. Now, Sir, I do not say all dispensary officers are so inattentive as those just quoted: no, Sir, God forbid they should; but in most of them there is great reformation required, either as to the conduct of the officers towards the patient, or in the shameful expenditure of the subscribers' money. Now, in my opinion, it is these causes that tend to bring such valuable institutions into contempt with the public, as I am well convinced, that if properly conducted, they are productive of great benefits to the poor, and afford excellent information to the student, which it is impossible he can procure in the wards of our hospitals, ill conducted as they now are. The remark I now make will apply to all charitable institutions; it is the disgraceful manner in which medical officers are appointed to these establishments. Your papers have frequently proved, that they are selected by interest, and not for their talents. I trust I may yet see the day when we shall adopt the French plan, of requiring each candidate for a charitable institution to submit to a severe public examination. Let this be done, and then our charitable establishments will be a boast and an honour to the country, and the names of their medical officers will, like those of John Hunter and Beclard, be a passport to succeeding generations.

I remain, yours obediently,

H. W. DAWHURST, Surgeon.

London, July 31, 1829.

#### BLOOMSBURY DISPENSARY.

*To the Editor of THE LANCET.*

SIR,—Observing, in your last number, a letter, signed "William Brodie, Bloomsbury Dispensary;" I beg to inform you that no such person is or ever has been connected with this charity, nor are any of the medical officers acquainted with him.

Although every one who is sensible of the benefits derived by the profession, from the abilities of Mr. Cooper, must be gratified by the triumphant result of the election, still such a dishonourable mode of attacking another individual, cannot be too strongly deprecated.

I am, Sir,

Your most obedient servant,

W. MILLER, Apothecary.

Bloomsbury Dispensary,  
5th August, 1829.

*Medico-Chirurgical Transactions,*  
Vol. XV.

(Continued from page 554.)

*Observations on the Local Diseases termed Malignant.* By BENJAMIN TRAVERS, Surgeon to St. Thomas's Hospital.

In Number 309, p. 551, we gave an extended analysis of the contents of the last volume of the *Medico-Chirurgical Transactions*, reserving for consideration the present paper by Mr. Travers.

The author commences by remarking, that "chronic local diseases may be divided into tractable and intractable," and he then goes on to observe, "that a disease, curable in its nature, may be so intractable from its situation or extent, or some local peculiarity, as to be extremely difficult, or even not to admit of cure." The causes, however, from which a disease may be intractable in its nature, he states to be as follows:—

"First, on account of its depending upon a poison absorbed, as the venereal, or an ill condition or habitual morbid state of the system, as the scrofulous, or an inveterate cachexia compounded of both.

"Second, from its being a disease of a part which, when it has reached a certain stage, generates a poison, and thus diffuses its species and destroys contiguous textures, so that after this stage is reached, however complete its apparent extirpation or destruction, it is liable to re-appear.

"Third, from its being a disease of the constitution, showing itself primarily and exclusively in tumours, bearing a similar character in various parts of the body, and proving within a short period destructive to life, in despite of the earliest interference of art.

"To these two latter classes belongs the genus carcinoma."

Diseases which are intractable in the first sense, assume a nearly similar character to those of the second class, and being often fatal in their results, are considered of a malignant kind; but, in the opinion of Mr. Travers, they admit of a distinction, both in their external character and progress, and in their manner of affecting the constitution, and ultimately destroying life.

With reference to the diseases termed malignant, by which term the author means incurable diseases having a tendency to de-

stroy life, there are the following queries and observations:—

"Is the disease on its first appearance malignant? Or does the disease, arising in circumstances favourable to the attainment of malignity, as texture, sex, temperament, age, or climate, may explain, become in the course of time malignant? If, upon its first appearance, a local affection is stamped with the essential character of malignity, it is, in fact, a disease of the constitution, whence, alone, such a character can be derived. It is conceivable that a simple local disease may become malignant by the influence of the constitution upon it, as a simple fever may become typhoid or putrid, but a strictly local affection cannot be malignant. When we speak of the decided malignity of a tumour or ulcer, we mean to say that it is such a disease of the system showing itself in a part. When we say that it has a malignant aspect, or resembles a malignant tumour or ulcer, we mean that it is analogous to those in which the constitution, sooner or later, takes such an action. We cannot well conceive malignity as the exclusive or innate property of a part. A change of structure, whether of increase or loss of substance, which not only resists every remedy, but which, being extirpated or destroyed, is reproduced, either in the vicinity, or at a distance from the original site, is certainly not, in strictness, a local disease. But if from any local cause a sore refuses to heal, or falls into gangrene; if by the extension of the ulcerative process, blood-vessels are opened, and a fatal hæmorrhage ensues; if by the profuseness of a secretion a patient dies exhausted; if by the incessant irritation of the nervous system, or the morbid actions set up in vital organs, under a protracted symptomatic fever, life is extinguished; the disease does in no respect imply a malignant nature, though, so considered, malignant diseases being subject to a similar termination. It is to incurableness from causes not local, and consequently the disposition to appear in more than one part at the same time, or to re-appear when the first affected part has been freely removed, that the term malignity is applicable.

"If a local disease were, from its earliest germ, impressed with a malignant character, derived from a morbid matter in the constitution, it would be so much a constitutional disease, that the removal could never be urged on the ground of permanent benefit. To one species of malignant disease this character is applicable. But although a local disease, strictly speaking, cannot be malignant, it is clear that a disease, altogether local in its commencement, may in its progress stir up an action of the constitution, which imparts to it that character, or a malignant constitutional disease

may only show itself in a part. Again, constitutional malignancy may not show itself in any part by a specific organic change, as in the case with some poisons and contagious fevers; whereas the disease of a part must derive its malignant property from the constitution.

"A scirrhus tumour may, therefore, be, and undoubtedly is, in the first instance, a local and single disease. The proof of this may be found, allowing for all the prejudices against the operation, and all the mistakes of pathology, in the record of a thousand instances of the early and complete removal of the disease, without threat of return, during many years of the patients' after life; nay, the ulcerated stage is not always too late for recovery, and under otherwise favourable circumstances, the removal of the fungating ulcer of the cancerous breast, and other parts, has been successful. This single fact is an answer to the fact, whether scirrhus is local or constitutional in its origin."

Under the order "malignant diseases," Mr. Travers ranks carcinoma as a genus, having two species, the *scirrhus* and the medullary, the respective modifications and varieties of which, are referrible to differences of the structure affected. Scirrhus cancer, he says, always originates in some secretory structure, such as the follicles of internal mucous membranes; of the reflected integument at the orifices of canals, and of the skin; in the conglomerate glands, the liver, pancreas, and testicle; and in the lymphatic or absorbent glands. As to the cause of these parts being especially subject to disease, the subjoined opinions are hazarded:—

"Glandular organs are the seat of scirrhus, because they are more abundantly than other parts supplied with vessels, and the office is the separation and combination of new materials from the circulating fluid; and it is sufficiently probable, that when, having been habitually and actively employed, they cease to be so, these vessels make preternatural deposits, and expend their energies, wantonly as it were, upon new and useless structures. This seems to me the origin of scirrhus tubercle."

We thank you, Mr. Travers, for the information, that glandular vessels, sometimes, wantonly spend their energies, and, if you will pardon us the illustration, we would say, like unto yourself, while scribbling such a paper as this. To this ingenious speculation succeeds some observations on the period of life at which scirrhus usually forms, and

next are some remarks on the structure of scirrhus, its external and internal characters, from which we take the subjoined extracts:—

"*Structure of Scirrhus.—External Characters*—hardness, with increase of weight; inelasticity or toughness in some cases, knotty or cragged in duration in others; circumscription and mobility beneath the skin in its earliest stage, but not to such a degree as to allow of the fingers passing beneath the tumour, and turning its edge upwards. Next, i.e. in the second stage, close adhesion to the tegument, and such incorporation with the glandular organ in which it is seated, as to have no mobility but that of the gland itself on the parts beneath. The adhesion of the skin rather partially stretches or puckers it, according to the smooth or unequal surface of the tumour, and to the close or loose attachment, and particular conformation of the integument at the spot, as for example, next the nipple, and at a distance from it; or beneath the mucous membrane of the pylorus or rectum, and the common integument of the body. Third stage:—Contraction and diminution, by pressure, of volume in the gland, as the tumour increases; abrupt projection of one large coloured tubercle, sometimes of several smaller tubercles. Transient pains, which have been hitherto obscure and occasional, now more distinct and frequent, like the pricking of a sharp instrument, with a sense of heat or burning; dusky, or red livid colour of the skin, with resplendent tension; excoriation, or cracking of the skin at the summit or base of the tubercles and fungous elevations, with ichorous and sanguous oozing. The external characters are, in the main, sufficient, though they furnish no unique diagnostic sign.

"*Internal Characters*.—These, though presenting more variety, are more to be depended upon. In the first stage, a tough inorganic and pretty compact mass, of a white and yellow-brown colour, smooth, and moistened by a slightly unctuous fluid; its consistence is not uniform, being hard in the centre, so as to form a nucleus; the circumference is defined by the termination of red vessels, forming a vascular boundary. Upon floating in water, and still more by a certain maceration, the texture opens so as to bring into view concentric areolæ, having their interstices filled by a white granular matter, which may be picked out from the meshes. These areolæ are crossed by white faint lines, at irregular intervals, in the direction of radii from a centre, visible to the naked eye, and very conspicuous under a magnifier, giving the section some analogy to that of a lemon. In the second stage, when inflammatory action commences,

and is announced by shoots of pain, the relative firmness of the centre and circumference of the tubercle becomes reversed, the centre being pulpy or broken, while the circumference retains its firmness. The surrounding parts are now found to have lost their natural elasticity by condensation of texture, and partake of the firmness and weight of the scirrhus, giving considerable apparent increase of volume to the tumour, which is now less defined at its margin, and, in fact, of a compound character. The dense opaque white lines which, traversing the tumour in the direction of radii, diminish in density as they proceed outward, and are lost in the extreme circumference of the gland, are not the production of disease, but the septa which divide and support the lobules of which the gland is composed, in an opaque and thickened state. Within the wall of the tubercles one or more cysts, containing a dark yellow, or coffee-brown fluid, are sometimes met with, but are not often present."

The facts of scirrhus being sometimes completely removed by a sloughing process, and of its remaining innocuous to the system, through many years, are regarded by Mr. Travers as additional evidences in support of his opinion, that the disease is, originally, strictly local in its character. Not so, however, with medullary cancer or fungous hæmatodes, which, it is stated, differs from scirrhus cancer,

"In its property of affecting all textures—in travelling as much by the blood-vessels as the absorbents of the part—in external characters, which are the reverse of those of scirrhus—in internal characters. It differs last, but not least, from scirrhus, in being the disease of early, rather than advanced, life, and from the first a truly malignant, and, therefore, a constitutional disease."

Of its disposition to return after operation, the author says:—

"I have never known a person survive this disease, after its removal by the knife, more than four years, and, in very few instances, so long; when, as often happens, it returns upon the part or neighbourhood, its progress to destruction is vastly more rapid. After removing a medullary cancerous tumour from the calf of the leg in a young man, I was compelled, within three months, to amputate high in the thigh. After removing such a tumour from the foot, including some of the toes and metatarsal bones, of a young woman, she was attacked by the disease in the groin, and died within six months. So, after extirpating the testes,

the disease has presented itself in the groin. Two young gentlemen, for one of whom a small tumour was removed from the thigh, and, for the other, amputation at the thigh performed for a tumour involving the knee-joint, lived each from three to four years, without any reappearance of the disease externally, and with very little interruption to health in the interval; both died of disease in the chest."

Scirrhus cancer, it is admitted, may and occasionally does develop itself in remote organs after the removal, and without return of the external tumour. But Mr. Travers would infer that, in such cases, the scirrhus disease had not been removed until absorption of a poison into the system had taken place; hence arises the important practical consideration, of the period at which scirrhus becomes a constitutional disease.

"That the mischief (says the author) pervades the system long before the process of external ulceration, is proved by the numberless cases in which the glands next in the course of absorption have previously undergone the first, if not the final change. This is of itself regarded as a bar to the operation by most surgeons; but it should depend on the degree of induration and the state, especially the freedom from adhesion of the principal tumour, whether they ought to be so regarded."

From all which we have quoted, it will be perceived that, in the opinion of the author, medullary cancer is dependent upon a poison circulating in the system; whilst, in scirrhus cancer, a poison is engendered in the diseased part, and ultimately taken up into the system. It is certain that fungous hæmatodes does, in most instances, appear to be a constitutional disorder, various parts being simultaneously affected, and the disease returning externally or internally after the removal of the part primarily affected; but there are some cases which equally favour the opinion of its being, with scirrhus, a local disease, from which a poison is evolved, and carried into the habit. We may take, for example, a case of simple chronic enlargement of the testicle, which, under some local excitement, takes on a malignant action, and true fungoid disease is produced; but it may be said, if the fungus be removed, the malady either appears at the original site, or in some internal viscus, under which the patient sinks, and this sufficiently proves the

universality of the poison. It does so, but, at the same time, does not disprove that it may have had a local origin; unless, indeed, it should be said that the same individual would have been affected with medullary cancer, if the diseased structure had not previously existed.

In the second part of the paper, the author enters into a description of the peculiar circumstances which distinguish malignant diseases, properly so called, in different parts of the body. They are divided as follows:—

“1st. Malignant diseases of the face and head.

“2d. Malignant diseases of the external conglomerate glands, viz. the salivary, the mammary, and the testicle.

“3d. Malignant diseases of the organs of generation in both sexes.

“4th. Malignant diseases of the trunk, including the viscera and the extremities.”

This portion of the paper, however, proceeds no further than the first division, the author postponing the remainder to a future communication. We shall give an abstract from each, described under the head of malignant diseases of the head and face.

“1st. *Cancer of the Face*—begins in a small warty tubercle, hard, irritable rather than painful, sometimes discoloured, so as to look like a dirt-spot. It is usually seated upon the side of the face, upon or between the zygoma and base of the lower jaw. When fretted by frequent handling, or wounded, or irritated by caustic and stimulant applications, it inflames superficially and becomes ulcerated, discharging a thin matter. It next acquires a broader base of induration, has a livid circumference, and an even and glossy surface of an unhealthy brightness. The health continues unaltered. The third stage into which the disease shifts, is that of extensive ulceration both in breadth and depth; the ulcer having an irregular margin and surface, and a profuse suppurative discharge of a peculiar odour. The pain is now frequent, if not constant, burning and shooting. The complexion, strength, and flesh, undergo a gradual, but sensible change—the mind becomes irritable and anxious—appetite and natural sleep fail, the pulse is rapid and small, and spontaneous bleedings take place at intervals.

“This disease is more incidental to the inhabitants of the country than of London, both in higher and lower life, and to the age of from fifty-five to seventy more than any other period. The application of caustic to the diseased part is in every sense injurious. The proper and the urgent remedy is a free

excision, both in breadth and depth, of the indurated wart or tubercle. The absorbent glands are seldom affected before ulceration, or at least so affected as to contra-indicate excision. In the last stage I do not believe that it admits of cure, and after trying a variety of applications, I have come to the conclusion, that whatever irritates the cancerous ulcer, although it changes the surface, quickens the destructive action: that soothing applications, which administer to the ease of the patient, retard it, as the watery solution, or epithem of opium, infusion of hemlock, &c., under a simple emollient ointment or poultice. The best tonic, and at the same time unirritating ointments, are those of the oxydes of bismuth, and of zinc properly diluted.

“2d. *Medullary Tumour of the Face and Angle of the Jaw*—is sometimes seated in the cellular membrane, more frequently in the lymphatic glands. I have seen it occupying the situation of the zygomatic fossa, and also over the parotid gland, covering this and a portion of the buccinator muscle. The lymphatic gland over the parotid, and the glands at the angle of the jaw, are not unfrequently the seat of medullary cancer. The section of these exhibits a compound character, the remaining firmness and natural colour of the gland, in parts, being mixed with the soft medullary matter, and giving it a mottled appearance. I assisted at the removal of one of these tumours in an elderly lady, from behind the angle of the jaw. The disease reappeared in the cicatrix, and proved fatal very soon afterwards.

“3d. *Cancer of the Eyelids and Contents of the Orbit*—begins in the form of a hard, fretful, pimply ulcer, upon either palpebra, or one of the borders or angles of the tarai. It is discoloured by inflammation, and sometimes itches, discharges a thin matter, and scabs repeatedly. When it draws surgical attention it is an irregular sore, notching or puckering the border of the affected lid by removal of its substance, and creeping around the orbit. Its progress is slow, but after some time, the conjunctiva of the palpebra becomes elevated, thick, and rigid. The ulcer at length environs the orbit and eyeball, and a luxuriant fungus overshoots, and, together with the hanging remnants of the lids, buries the eye—so that, although the globe remains, it becomes difficult to be seen. The pain is itching and burning. The ultimate stage of the disease presents a horrible appearance. I have extirpated this disease when, as is rare, it has commenced in the loose conjunctiva, removing the entire contents of the orbit. The disease reappeared upon the inferior palpebra. The lachrymal gland is sometimes exclusively affected with scirrhus, and in this state, previous to internal ulceration, I have

removed it: the patient remained for some years free from disease. I have since lost sight of him.

"4th. *Medullary Tumour of the Eyeball and Contents of the Orbit.*—The peculiar metallo-lustrous, or tapetum-like appearance of the fundus of the eye, is not diagnostic. I have seen several cases in which this appearance was stationary, and the eyeball dwindled, which might, therefore, fairly be presumed not to have been instances of malignant disease. The best diagnosis is founded on the increase of volume of the eyeball, or the contrary, prior to the giving way of the tunics; but the progressive advance of the tumour to the cornea, and the shrinking and sloughing of the latter membrane, which happens prior to the protrusion of the fungus, is decisive of all doubts. I have extirpated the eye affected with medullary cancer in several instances; but I am not acquainted with any case in which the patient, who has survived two years, has not been revisited by the disease.

"5th. *Cancer of the Lower Lip.*—The commencement of this common and well-known disease is in the interjacent cellular tissue of the mucous membrane and skin. The enlargement and induration render it conspicuous before the villous surface of the lip cracks transversely, and oozes a thin fluid, then exulcerates, and scabs by turns, and ultimately ulcerates deeper, and fungates. There is a mode of operating which I prefer to that for hare-lip; and slow as the progress of the disease is, and little painful, the wisest way is to remove it freely in its early stage. The mode of operating is the simple removal, by a full crescent-shaped section of the substance of the lip. The commissures of the mouth should, if possible, be left: no suture is, of course, required. The contraction during the healing process, under a double-headed bandage, passing over the vertex and occiput, so as to keep a little moistened lint, or simple ointment, on the cut surface, shapes and adapts the lip with singular neatness; and what is more remarkable, the cut surface takes a depth of colour and a plumpness, and a defined border, which has much the appearance of the natural surface.

"6th. *Cancer of the Alveolar Membrane of the Lower Jaw.*—This is a rare, but very marked form of malignant disease. I have seen it only in aged persons. It commences at the point of reflection of the membrane of the gum on the alveolus, or on the inner side of the gum at the root of the teeth, where the sore mouth, from mercury, is commonly first perceived. Small granular eminences, or tubercles, are formed, by which the membrane of the gum is raised and thickened into a small lump. The disease begins about

the root of the last incisor or bicuspid, and thence gradually enlarges backwards to the middle molar teeth. Ulceration then ensues, the edges of the ulcer fungating and bleeding frequently; it is slowly, but progressively phagedenic, destroying the soft parts, and ultimately, by ulcerative absorption, the substance of the maxilla, so as even to divide the bone. It admits only of palliation by the frequent use of antiseptic and detergent gargles and lotions, as of lime-water, camphor, myrrh, borax, honey, &c. Oxyphosphate of iron, and compositions of verdigris and caustic, are of no avail. Sarsaparilla dissolved in milk, boiled bread and milk, animal jellies, and soft nutritive mucilages, are best adapted for sustenance and medicine. No sign of ossific adhesive inflammation, as osteo-sarcoma, or exostosis, appears. The patient dies of exhaustion from deficient nourishment, pain, and repeated hæmorrhages.

"7th. *Medullary Tumour of the Mouth and Fauces.*—The difference between the two last described affections is, that this is growth, the other decrement of substance; the former being an eroding ulcerative disease, the latter a fungous production—the former a scirrhus, the latter a medullary cancer.

"8th. *Cancer of the Tongue.*—This is not a smooth and firm rounded tubercle, but an irregular rugged knob in its first stage, generally situated in the anterior third, and midway between the raphe and one edge. It sometimes, but seldom, extends across the middle line, although it often extends alongside of it. The hardness is unyielding, inelastic, and the mucous surface puckered and rigid. It also gives to the finger and thumb of the surgeon the sensation of solidity, or of its penetrating the entire muscular substance, being perceived equally on either surface. Sharp shoots of pain are felt through the side of the affected organ, towards the angle of the jaw and ear. The disease tends to run backward toward the base or posterior edge. It sometimes acquires great bulk before ulceration takes place, so as to project the tongue from the mouth. The ulceration often extends from the edge of the tongue to the membrane of the mouth and gums, when the elevated and distended membrane at length gives way, and ulceration is rapid. The surface of the ulcer is very uneven, clean and bright granulations appearing in parts, and in others deep and sloughy hollows. The darting pain is very acute, but only occasional. There is a dull aching always present, and as constant a spitting as in deep salivation. The irritation is such as soon impairs the powers of life. It happens to strong and hitherto healthy persons, for the most part males, from the age of forty onwards. There is generally an evening paroxysm of pain, and

the nights are much disturbed, by the secretion accumulating in the throat, which excites cough. Towards the fatal termination of the disease, occasional profuse hæmorrhages take place at shortening intervals.

"Of all diseased states, this is one of the most pitiable. It admits of palliatives only, and these very ineffective. I have seen only one case, wherein the ligature or knife had been employed, and in which I did not witness, or hear of a recurrence of the disease before a twelvemonth had elapsed. In several, in which the ligature had been reported successful from the finished state of the cicatrix, the disease returned. Excision is hardly safe, when practicable, through the sound parts. The actual cautery and the lunar caustic are decidedly aggravant of the malady. All stimulant applications, myrrh, alum, zinc, copper, and even borax, are painful, and augment the mischief. The carbonate of iron, and alkaline carbonates, are of no benefit in my experience. The black wash (zinc of calomel suspended by mucilage in 3ij. of lime-water) is, upon the whole, the best application.

"9th. *Cancer of the Antrum*.—This most disfiguring and destructive disease begins upon the lining membrane, and first shows itself in a bulging of the cheek under and upon the malar bone. The tumour is elevated, circumscribed, and hard, and the integument has a bluish colour. The pain is inconsiderable, when the patient is alarmed by the appearance and increase of the swelling. The nostril soon becomes closed on the same side, and the teeth loose; they fall out, or are extracted, and a copious oozing of purulent labor takes place into the mouth. The introduction of the probe by the nostril, or palate, is followed by free bleeding. If the alveolus is trophined, a fungus shoots up, fills the opening, and covers the gum. Next, the palate becomes depressed, so that the arch on that side is lost, and either the eyelids are closed, or the eye protruded; and completely anastrotic in either case. In the mean time the external swelling gains size, is quite immovable, and the skin acquires a livid hue. There are, commonly, one or more depressions where the bone is absorbed. There is break and discharge pus. The patient suffers a good deal of burning and darting pain. The ulceration extends until the mouth communicates directly with the surface, and fluids escape from the wide opening to the cheek. The examination of these cases throws no light upon their origin. It is a chaotic mass of coagula of lymph, and blood holding spicula of bone.

"It is common for persons to refer this disease to the extraction of a molar tooth, which they say was followed by swelling, discharge, and locked jaw of long continuance; but the probability is, that the dis-

ease in most cases had commenced before the tooth was extracted.

"10th. *Cancerous Fungus of the Nares and Antrum*.—This is a growth essentially malignant, to which the common lining membrane is subject, though it is happily rare. It has no character of tubercle, but, on the contrary, is a brittle or friable fungus, excessively vascular, growing from the whole surface of the cell. I have seen it commencing in, and proper to, the nares, but it is more frequently situated in the antrum. It distends the parietes enormously by its rapid growth, and although masses of it are cut or torn away, and the cautery applied to the cleared surface, it is reproduced again and again within the space of a few weeks. The separation is followed by excessive, even dangerous, hæmorrhage. It is denominated, improperly, the malignant polypus.

"11th. *Cancer of the Fauces and Pharynx*.—Scirrhus tonsil is seldom seen. But the broad papilla at the root of the tongue adjoining the base of the epiglottis, the tonsil glands, and the mucous follicles of the common membrane of the glottis and pharynx, are each of them occasionally proper seats of the disease, beginning in tumour and induration, and terminating in fungus.

"12th. *Cancer of the External Ear*.—The ear is rarely an original seat of cancer, although not unfrequently attacked by the encroachment of an ulcer on the cheek. I have once, however, seen the upper third of the external ear the exclusive seat of an indurated sore, having every character of cancer, and amputated the diseased piece. The wound healed, and the patient, I believe, remains sound.

"13th. *Medullary Tumour of the Internal Ear*.—I have seen one example of this disease. The sufferings of the patient were severe, from the confinement of its situation, and the displacement of parts; and the deformity was excessive."

A brief description of the diseases of the head and face, which are sometimes mistaken for cancer, concludes the paper. The crustaceous herpes; a peculiar affection of the integuments, resembling elephantiasis; lupus; various species of ulcer affecting the mucous membrane of the mouth and tongue; a lobular (curable) tumour of the tongue, and polypi, vascular and fleshy, are enumerated as amongst the most frequent maladies liable to be confounded with malignant disease. We copy what is stated of the globular tumour of the tongue:—

"*Globular Tumour of the Tongue*.—There is a tumour of the tongue, most like a marble in size and to the touch, situated deeply in its substance, and very uniform

and unyielding in its surface. I have invariably found it disappear under the use of medicines calculated to improve the tone and secretions of the stomach, as the alkalies, with bark or steel. It is occasionally mistaken for scirrhus. From the complete absorption which the tumour undergoes, I should suppose it to be a cyst containing an albuminous fluid; but I have never wounded it."

#### THEOLOGICAL ANATOMY.

##### To the Editor of THE LANCET.

SIR,—I have read and preserved every Number of THE LANCET, from the first to the last yet published, and consider it the most valuable medical work extant, but am sorry to find its pages so frequently taken up with metaphysical nonsense. I particularly allude to the communications of Messrs. Dermott and Thomas, who, I understand, are anatomists, and whose theories, or, rather, incomprehensible reveries, on vital principle, mind, or soul, betray their ignorance of the subject, and are tiresome and unprofitable to the readers of THE LANCET. It has been already declared by a gentleman of much higher authority than Messrs. Dermott and Thomas, that this *soul* cannot be found in a dissecting-room, and, as I presume they will still be unable to find it, they had much better confine their researches to that which they *can* find and demonstrate. Should these metaphysico-theologico-anatomists wish to acquire any rational information respecting "the soul and the spiritual system," I take leave to recommend to their perusal "Mirabaud's System of Nature," particularly the 98th and following pages of vol. I.

There is an impression on the public mind, that some of the most celebrated anatomists in London are inclined to be sceptical—a thing which, in this age of cant and humbug, is a dreadful imputation, and may materially injure the men who have the courage and honesty to avow it; of this, no doubt, Messrs. Dermott and Thomas are aware. I am fully sensible that they are really religious, pious, and good men, but as the world is very censorious, some evil disposed persons may say, or think, that by *professing* to teach religious anatomy, the theatres of the sceptical anatomists will be deserted, and theirs filled with pious and religious students.

I am, Sir, very faithfully,

M. R. C.

Stockton on Tees, July 29, 1829.

No. 311.

#### VACCINATION—MR. LAMING'S CASE.

##### To the Editor of THE LANCET.

SIR,—Will you correct an impression which, I perceive, has been made by a paper of mine on vaccination, inserted at page 420. It is certainly no compliment to be made to deny that variola is often effectually prevented by vaccination; but I do mean to say that vaccination is not now *depended on* by the profession as a preventive, and that since its occasional failure in this respect is acknowledged, we can, in strict logic, depend only on its preparative influence against supervening small-pox. This sense I intended to have conveyed, but the remarks of "Medicus Edinensis," in No. 309, have demonstrated that even a sensible man may require of another to repeat his A B C before he will award him the credit of possessing so abstruse an acquirement.

Perhaps your correspondent "O." has, by this time, met with some one who will kindly undertake to expound to his capacity what is usually meant by being "convinced of error?"

I am, Sir, your obedient servant,

RICHARD LAMING.

89, Bishopsgate Within,

Aug. 3, 1829.

#### THE COUNCIL OF THE COLLEGE.

##### To the Editor of THE LANCET.

SIR,—In your Number for August 1, you give us the welcome information that "there are not less than eight highly liberal and honourable-minded men" among the twenty-one who form our College Council. On meeting with this observation, I was agreeably surprised; for having been accustomed to consider individuals with such qualifications as "*rari nantes in gurgite vasto*," I was not a little rejoiced to find so fine a brood of them amid the gentlemen of the Council, till I recollected that their motto was *monopoly*. I then thought it right to examine for myself, but was, upon inquiry, completely tantalised between the pleasure of your news on the one hand, and the contradictory aspect of the list you have printed on the other. Will there be any impropriety then, Mr. Editor, in my putting to yourself and correspondents the query—Who these *eight* can be?

Hoping I shall be satisfied with the solution, I am, Sir, yours, &c.,

PLENG.

As we cannot answer the very rational question of our correspondent, we must beg to refer him to Mr. Belfour, or to Mr. White of the Westminster Hospital.—ED. L.

## THE LANCET.

*London, Saturday, August 15, 1829.*

AN opinion prevails, even among many well-informed persons, that no legal proceedings can be instituted against the Council of the College of Surgeons; that the Council as a body, or its members individually, cannot be sued, in any form, in our courts of law, for the redress of any real or imaginary grievance. The constitution and powers of this vile corporation are already sufficiently objectionable, and it would be a work of supererogation, either to make or represent them to be worse than they really are. The Council may be usurpers, may be a set of impostors, having no right whatever to preside over the destinies of the profession; but still they are unamenable to the law. It is of great importance that the profession should be correctly informed on this subject, and in order to set the question quite at rest, we will extract a portion of the fifth clause of their CHARTER, the instrument under the authority of which they have oppressed, degraded, and plundered their professional brethren. The Council, of course, will not deny the excellence or the legality of this document. The following is the passage to which we beg to direct special attention:—

"That the ROYAL COLLEGE of Surgeons in LONDON, shall and may have perpetual succession, and a common seal, with power to break, alter, and make anew, the said seal, from time to time, at their will and pleasure, and by the same name, shall and may IMPEACH, and be IMPEACHED, before all manner of justices, in all courts, and in all manner of ACTIONS AND SUITS, and shall be at all times, and for ever hereafter, persons able and capable in law to take, purchase, possess, hold, and enjoy, a hall or council-house, with its appurtenances, situated within the cities of London or West-

minster, or within one mile of either of them, for the use and purposes of the said College."

According to the provisions of this clause it is perfectly clear, that there would be no more difficulty in instituting legal proceedings against this Corporation, than against any other. It is important that this should be known because some individual who may have been, or who may hereafter be injured, by this body, may have the agent to seek for redress at the hands of a jury of his country, and should be not succeed in obtaining pecuniary recompense for his wrongs, still he would have the satisfaction of laying before the world a complete history of the professional fluids committed by these characterless monopolisers. We speak of them thus as a Corporation, and not of the members of that Corporation in their individual capacities; for some of them are gentlemen of the highest intellectual attainments, and, in private life, the reputation of the whole of them for integrity, is, we believe, unquestioned. Yet how strange does it seem, that all the distinguishing attributes of a man's character should disappear at the very moment he first breathes the pestiferous atmosphere of a corporate mansion. But is there, in fact, so sudden a change, or does the germ of evil only remain quiescent until it is stimulated to action by the corruption engendered by irresponsible power. "Why," says the immortal Shakspeare, "were laws made, but that we are rogues by nature?" And when we see men in their corporate capacities the authors of actions at which, in private life, they would express the utmost disgust, is not the conclusion forced upon us, that the reputation for integrity which they have acquired, has been obtained by a course of conduct dictated by motives of self-interest. In a country like this, every man who wishes to be successful in life, places a high value upon public opinion. Comparatively speaking, a man has only the power to do good or evil, in

proportion to the confidence, or want of confidence, reposed in him by his neighbours. The fool, only, bids defiance to public opinion. The desire, therefore, of every man of sense, to obtain for himself, in all the relations of social life, an unimpeachable character for integrity, is, in general, a sufficient protection against individual and private aggression. But what protection has the public against the acts of a SELF-PERPETUATING and IRRESPONSIBLE body? A CHARTER which gives exclusive privileges to the SELF-ELECTED? No. It is the terror of those who have to submit to its mandates, while it is the shield which protects the irresponsible junta who thrive by oppression. The public has here lost all security, because it is presumed by the evil-doers, that a Law, however bad, sanctions their proceedings, and that corporate compact is a safeguard to individual character. But the rapacity of some men has induced them to extend this principle a little too far. Take the following "regulation," passed in March 1824, as an instance:—

"And that all CERTIFICATES of attendance at lectures on *anatomy, physiology*, the theory and practice of *surgery*, and of the performance of *dissections*, be not received by the court, except from the appointed professors of anatomy and surgery, in the universities of *Dublin, Edinburgh, Glasgow, and Aberdeen*, or from persons teaching in a school acknowledged by the medical establishment of one of the recognised hospitals, or from persons being physicians or surgeons to any of those hospitals."

This "regulation," as it is styled, was passed by the Court of Examiners, which court consisted of the gentlemen whose names we here insert.—Henry Cline, William Norris, David Dundas, Thompson Forster, Everard Home, Ludford Harvey, William Blizard, William Lynn, John Abernethy, Astley Cooper.

The members of the Council, on entering the College, bind themselves under the solemn obligation of an oath, to discharge their duties honestly and impartially; and the *sen*, who are elected from the Council into the Court of Examiners, take an oath to a similar effect. The oath is as follows:—

"I, ANTHONY OYSTER, do swear, that so long as I shall remain in the office of Examiner, (or Councillor, as the case may be,) of the Royal College of Surgeons in London, that I will diligently maintain the honour and welfare of the said College; and in all things relating to my office, and with all manner of persons, act EQUALLY and IMPARTIALLY, according to the best of my skill and knowledge. So help me God."

How does the "mandate" we have just cited, agree in spirit and effect with this sacred obligation? The inquiry will not be without interest. If we were to judge of the talents of these legislators, by the wretched style and composition of this "regulation," we should say, that they are unfit to frame laws for the government of a kennel of dogs, certainly not for the members of a learned profession. As a specimen of grammar, truly it is beneath contempt; but far otherwise, if taken as a specimen of corporate monopoly. The "regulation" informs us, that the worthy Court of Examiners "will not receive certificates of attendance on anatomy and surgery, except from the professors in the Universities of Dublin, Edinburgh, Glasgow, and Aberdeen, (no mention whatever being made of the Universities of Oxford and Cambridge,) or from persons teaching in a school acknowledged by the medical establishment of one of the recognised hospitals, or from persons being physicians and surgeons to any of those hospitals." Not only are Oxford and Cambridge excluded, but the clause does not contain even the word *London*. Were the legislators so impartial then, that they excluded the surgeons of the metropolitan

hospitals from the benefits of the law? This question will be best answered by inserting two other clauses of the "regulation" published at the same time with the one we have already quoted. "That from and after the date hereof (March 19th, 1824,) the only schools of surgery recognised by the Court, be those of London, Dublin, Edinburgh, Glasgow, and Aberdeen.

"That certificates of attendance upon the chirurgical practice of an hospital, be not received by the Court, unless such hospital be in one of the above recognised schools, and shall contain on an average one hundred patients." These regulations the Examiners had the generosity to insert, were enacted "to promote the cultivation of sound chirurgical knowledge, and to discountenance practices of a contrary tendency!" Stripping these clauses of all useless verbiage, what do we discover?

First, That the only recognised school of surgery in England, is that of London.

Secondly, That the only recognised hospitals in England, are those of London.

Thirdly, That all recognised certificates of attendance on lectures on surgery, delivered in England, must come from the theatres of the hospitals, in London, or "from persons teaching in a school acknowledged by the medical establishment of one of the recognised hospitals," in London.

Fourthly, That all certificates of attendance on hospital practice in England, must come from the hospitals of London.

Thus the provincial hospitals and medical schools are all gone at "one fell swoop." "Sound chirurgical" can no where be taught, and must no where be bought, but in London; and the great minds of these promoters of "sound chirurgical," could only discover even here, seven spots whereon the goddess of wisdom deigned to smile, only seven oases in the vast unintellectual desert of the country. For it is expressly stated, that London is not only the only recognised school in England, but that cer-

tificates of lectures delivered in London will not be received, "except from persons teaching in a school acknowledged by the medical establishment of one of the hospitals in London." Thus, according to these regulations, ALL the fees paid by students for hospital attendance, and for lectures on anatomy, physiology, surgery, and the performance of dissections, are placed at the entire, unqualified disposal, of the surgeons of the seven London hospitals, and this with a view to the promotion of "sound chirurgical knowledge." The Examiners, be it remembered, have been sworn to conduct themselves with the utmost honesty and impartiality; and who can doubt their integrity? To be sure their proceedings were somewhat in favour of the surgeons of the London hospitals, but the benefits conferred were merely with a view to the promotion of "sound chirurgical, and to discountenance practices which had a contrary tendency." The examiners, indeed, must have submitted with much pain to their "sense of duty," in passing "regulations" so singularly favourable to the London hospitals, because, from their unfortunate connexion with those establishments, the laws which they had sworn to frame impartially, were darkened by an apparent partial aspect. But, really, were any of the Examiners in the actual receipt of the fees paid by students into the coffers of the London hospitals, at the time this regulation was passed? With feelings of almost ungovernable indignation, we are compelled to answer in the affirmative. Here are the TEN:—Cline, Home, Harvey, Blizard, Lynn, Norris, Dundas, Forster, Cooper, and Abernethy. And thus were eight of them connected. Mr. Cline was the uncle of Mr. Green, surgeon of St. Thomas's Hospital; Sir Everard Home was surgeon of St. George's Hospital; Mr. Abernethy and Sir Ludford Harvey were surgeons of St. Bartholomew's Hospital; Sir William Blizard was surgeon of the London Hospital; Mr.

Lynn was surgeon of the Westminster Hospital; Sir Astley Cooper was surgeon of Guy's Hospital, having also a nephew surgeon of that hospital, and another nephew surgeon of St. Thomas's Hospital; and Mr. Farster, although he had *ceased* to be surgeon of Guy's Hospital, was still receiving a portion of the fees paid by the students to the surgeons of that institution, he having, indeed, a short time previously vacated his office on that express condition. There was, also, Mr. Abernethy's *bond engagement* with Mr. Stanley, of *fourteen thousand pounds* for the anatomical chair, and a thousand minor links in the chain of corruption which we need not notice.

O, spirit of monopoly, how hideous art thou in all thy Protean forms! How avaricious, how chilling to the ardour of the lovers of science! Would either of these examiners, in his private and individual capacity, have dared to say to a MEMBER of the College of Surgeons, "you shall not lecture on surgery without the permission of my *nevery* or *noodle* at Guy's Hospital?" Would either of them have said to a surgeon of the Bristol Hospital, "The certificates of attendance on the surgical practice of your institution shall not be recognised, because you are incapable of instructing students. I admit that your hospital contains upwards of two hundred beds more than the *Westminster*, but your certificates shall not be received." Not a man of them would have challenged the consequences of such insulting menaces. Yet from the portals of their Corporation, this is the language with which they have insulted the surgeons of England, the language they have addressed to the MEMBERS of their own College. Had these impudent monopolists, been stripped, tarred, feathered, and hooted through the streets, they would have suffered no more than the just penalty incurred by them for their shameless violation of the rights and privileges of their professional brethren. Who will contend, after reading

the clause which we have extracted from the Charter, that a surgeon of a provincial hospital could not maintain an action against the Council, for its refusal to receive his certificates? Who will contend that there is no remedy at *law*, for such flagrant wrongs as we have here exposed?

A fig for the control of the Council over any of our hospitals, whether metropolitan or provincial. The charter confers no such privilege. But the discussion of this question we must defer till next week.

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#### NON-MEDICAL CORONERS.

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To the Editor of THE DUBLIN MORNING POST.

MR. EDITOR,—Possibly some of your legal readers will have the kindness to state, whether there be any recent alteration in the law in this country, which could authorise a coroner to return a verdict without the assistance of a jury. I am anxious for such information, from an occurrence which took place on Monday last, when a certain functionary directed the burial of a child, which was found dead in West Arran Street, without the sanction of the verdict of a jury as to the cause of death. The neighbourhood in which the body was found has become the resort of characters of the worst description; and it was on the steps of a cellar, under one of the public houses recently licensed there, that it was discovered.

Supposing that the infant had not been murdered, (although the appearance of the tongue, the eyes, &c., strongly indicated that it had,) yet, was there almost positive proof that a capital felony had been committed by the concealment of the birth, inasmuch as that the body bore evidence that the child had been born alive—that its unnatural parent had not had the assistance of a midwife—and that it had been secreted until concealment was no longer possible.

H.

This is only one amongst the many disgraceful errors which have characterized the conduct of non-medical coroners. The coroner, we understand, in this instance, is a dealer in silks and satins. The greater folly was with those who appointed him to his office.

## ROYAL JULIUS HOSPITAL AT WURZBURG.

The following Table gives a general view of the Admissions, Cures, Deaths, &c., in the Lunatic Department of the above Institution, from 1798 to 1823.

In the Years	Admitted		Cured		Improved		Discharged without being cured	Incurable		Died	
	Males	Females	Males	Females	Males	Females		Males	Females	Males	Females
1798 to 1801	16	14	2	9	—	—	2	6	2	7	2
1802	9	8	6	4	—	1	—	2	2	1	1
1803	9	12	1	7	1	2	2	3	2	—	—
1804	9	10	5	6	1	1	—	2	2	1	1
1805	10	13	7	8	—	2	—	1	1	2	2
1806	10	11	6	8	1	1	1	2	2	1	1
1807	9	12	4	7	1	1	1	2	3	2	—
1808	14	9	8	5	2	1	—	1	1	3	2
1809	9	7	5	5	1	—	—	2	1	1	1
1810	5	16	2	6	1	3	1	1	3	1	3
1811	5	10	2	4	1	2	1	1	1	1	2
1812	7	12	3	6	2	2	—	1	2	2	2
1813	12	6	8	2	2	2	—	—	—	—	2
1814	6	8	2	6	1	—	1	1	—	1	2
1815	13	15	8	5	—	3	2	2	3	2	1
1816	16	16	10	1	2	1	—	1	—	—	2
1817	16	10	11	8	3	2	1	—	—	1	—
1818	14	18	9	14	1	2	—	—	—	3	2
1819	16	13	9	8	2	2	1	1	1	3	2
1820	17	15	4	10	3	—	—	7	4	3	1
1821	11	14	5	8	1	2	1	3	2	2	1
1822	14	11	5	7	3	2	2	1	2	3	—
1823	11	10	6	5	—	—	1	2	4	2	1
	258	270	131	161	29	72	17	41	50	17	51

Most of the lunatics admitted were between the age of 20 and 40, three were between 13 and 15, ten above 50, and three above 60.

The number of unmarried considerably surpassed that of married lunatics. The greatest number were of the middle and lower classes, of the females, twenty were of rank.

The remote causes were—perverted education, excessive sexual indulgence, onanism, too great abstinence from sexual intercourse, jealousy, despised love, domestic discord, deranged pecuniary affairs; sudden loss of fortune, religious fanaticism, abuse of spirituous liquors; excessive mental exertion, gambling, &c. Two females became deranged from their husbands having undergone public punishments.

## OBSTETRIC CLINIC AT PAVIA.

## CÆSAREAN OPERATION.

The following two cases, in which this operation was performed, are contained in the report of the above institution for 1827 and 1828:—

N. N., ætat. 30, of small stature, and formerly subject to rachitis, was, in the eighth month of her first pregnancy, admitted into the hospital. On examination per vaginam the pelvis was found considerably deformed, and much smaller than usual, the sacro-pubic diameter being not more than two inches and

a half, the oblique, three inches and a half, the pubi-coccygean, two inches, and the distance between the two ischiatic protuberances, two inches and a half. Professor Lovati, who has the superintendence of the obstetric department, was at first inclined to think that this was a case for the induction of premature labour, but, on further consideration was convinced, that the diameters of the pelvis were too small even for this operation, and determined upon performing the cæsarian section, in case there should exist no signs of the infant's death during labour. After the discharge of the waters, the head of the child was found on the entrance of the pelvis, rather large, and per-

fectly moveable; the movements of the child could be distinctly felt, both externally and internally. After a consultation with the Professors Caroli and Panizza, and a repeated examination of the pelvic diameters, the operation was declared indispensable, and the spiritual life of the infant having been secured, by baptising it *per vaginam*, (assicurata la vita spirituale al feto col battesimo per iniezione,) was performed by Professor Lovati. The incision through the integuments having been made somewhat on one side of the median line, the gravid uterus readily presented itself, was divided in its middle and upper portion, and the child, together with the placenta, extracted. The uterus appeared rather torpid, so that it was found necessary to inject cold water through the wound, in order to produce more energetic contractions, after which, the abdominal cavity being cleansed from the extravasated fluids, the wound was united by means of a few sutures, adhesive plaster, and a bandage. The child was a male, full grown, and remarkably healthy. For about half an hour after the operation, the patient appeared perfectly tranquil, and almost free from pain; after this period, however, she was seized with vomiting and hiccup, and complained of great debility and faintness. The pulse was hardly perceptible, the extremities cold, the skin covered with cold sweat, and the abdomen hot and tumid. These symptoms were considered as the effect of hemorrhage into the peritoneal cavity, from the torpid state of the uterus; ice lemonade, with ether, was given internally, and cold fomentations made over the abdomen, which produced a transitory alleviation, after which the symptoms returned with increased force, and the patient died a few hours after the operation. On examination of the body, the abdominal cavity was found filled with fluid and coagulated blood; the uterus was very flaccid and voluminous; the wound had not united, and the interval between its edges, as well as the cavity of the uterus, was filled with blood.

The second case was that of a married woman of 30 years, of scrofulous habit, who six years before had been delivered, for the third time, without any great difficulty. In her 31st year, she was taken with violent wandering pains over the whole body, which were treated as a rheumatico-articular affection, but frequently returned. Having subsequently become pregnant for the fourth time, they became more violent than ever, and continued almost uninterruptedly, so that she was at last obliged to apply for admission into the civil hospital, which she entered in the fifth month of pregnancy. At this period she could not stand up, the spinal column being evidently curved anteriorly, and, at every attempt to walk, she was

observed to bend the upper part of the trunk more and more, at the same time she complained of most acute pain in the pelvic region and the lower extremities, especially when walking, and was tormented by insupportable hunger; a symptom which other writers, especially Monteggia, have very frequently observed in osteomalacia, which her disease was declared to be. In this state, the period of parturition approached, and on examination *per vaginam*, it appeared that the pelvis was greatly deformed, the horizontal branches of the os pubis standing higher than the promontory, and the sacropubic diameter being not more than about an inch and a half, so that delivery was impossible by the natural way. After several days of continued pain, the waters were discharged, and, on repeated examination, the movements of the child were distinctly felt, both externally and internally; the os uteri was slightly dilated, though not sufficiently so that it might be ascertained which part presented. The child was meanwhile christened *per vaginam*, and the operation was postponed until the following day, when the os uteri being more dilated, the child was found to present with the breech. The operation was performed after a consultation with, and in the presence of, the Professors Caroli and Panizza, and in the same manner as in the first case. The child, a full grown healthy female, was extracted along with the placenta; after an injection of cold water into the uterus, the wound was closed. The symptoms after the operation corresponded with those observed in the first case, and clearly indicated an internal hemorrhage, which appeared, however, to be arrested by the use of cold baths. In the afternoon the patient felt much better, the cupping, and the use of cold baths, gave rise to no pain, even on moderate pressure; the lochial discharge was natural, and the pulse tranquil. The patient had eaten a little, and took the decoction of tamarinds as her common beverage. She passed a very restless night, and on the following morning complained of headach and pain in the abdomen, the swelling of which had somewhat subsided. The child was now for the first time put to the breast. In the afternoon, the symptoms of internal hemorrhage returned, and, under the use of cold baths, again subsided. In the evening she was seized with shivering; the pulse was very small and hard; the abdomen painful and tumid; the lochial discharge rather scanty; the bowels constipated. An emollient clyster was injected; the decoction of tamarinds continued, and the patient took a very small quantity of light bread. The following night she was very restless, and on the next morning vomited frequently, and complained of great

faintness. The head was rather affected; the pulse very small and quick; the skin dry and hot; the lochial discharge had almost ceased; the breasts were collapsed, respiration was hurried, and there was slight delirium. The external wound was found of healthy appearance. No change was made in the plan of treatment. In the evening the above symptoms continued; the countenance was pale and collapsed; two blisters were applied to the hypogastric region. She passed another very restless night, and died in the afternoon of the fourth day.

On examination of the body, a considerable quantity of blood was found extravasated in the abdomen; the peritoneum slightly inflamed, and covered with puriform lymph; the uterus completely contracted, and the wound in it almost completely healed. Besides the softening of the osseous part of the pelvis, its cavity was found considerably diminished by osteo-sarcomatous tumours; and all the bones of the body were found softened, so as to be easily cut with the scalpel, and in some parts without any trace of cancellous structure or osseous matter.—*Annals Univ. d' Medicina.*

### ITALIAN HOSPITALS.

In the Hospital of the Holy Ghost, at Rome, during the year 1820, 10,372 patients were admitted, of whom 9454 were cured, and 885 died. The hospital is very unfavourably situated, and intermittent fevers of a malignant character are very frequent in it, especially in the summer months, during which, the daily average consumption of cinchona amounts to about 50 lbs.; the quantity of bark consumed in Rome and its environs, amounted in 1820 to not less than 10,200 lbs.

In the great hospital at Palermo in 1823, 5149 patients were admitted, of whom 565 died. In the hospital San Bartolo, of 897 patients, 107 died. The mortality at the hospital Santa Teresa was enormous, of 185 patients, 81 died. In the foundling house, attached to the great hospital, in the same year, of 590 children who were admitted, 460 died.—*Med. Chu. Zeitung.*

### ST. THOMAS'S HOSPITAL.

#### DISEASE OF THE HEART.

JAMES PARKER, aged 45, admitted, 16th July, into Abraham's Ward, No. 9, under the care of Dr. Elliotson. States, that three months ago, whilst wheeling a barrow of

sand, he was seized with acute pain in the left side, pain in the head, and vertigo. The headach is now gone, but he still complains of great pain and tenderness at the lowest part of the cardiac region, chiefly of its left half; inability to lie on the left side, difficulty of breathing, and dry cough. There is a more than usually dead sound, on percussion of the cardiac region; great impulse of the left ventricle felt in all the arteries; a loud rough sawing sound just before the pulse, heard most distinctly on the left side of sternum, at the upper part of the cardiac region, but audible nearly all over the chest; and occasionally in its stead a small shrill sound, preceded by a slight noise, like sucking. There is a purring thrill, also, most perceptible at the left superior part of cardiac region. Pulse 108, strong and full; tongue whitish; bowels open. On the card at the foot of his bed is written, "Hypertrophy, with dilatation of the left ventricle of the heart, and disease of the tricuspid valve; or, at least, a narrowing of the right auriculo-ventricular opening." Ordered,

*Venesection to a pint;*

*Submuriate of mercury, 5 grains three times a day, and for diet, slops only.*

17. Blood is buffed, but not cupped, and the crassamentum not firm. The pain in his side continues very severe, on account of which he has been unable to sleep. Pulse 108, full and strong; bowels moved twice. Repeat venesection to a pint immediately, and again to-morrow morning.

18. Blood abstracted yesterday not cupped or buffed; the pain and tenderness of cardiac region much diminished; pulse 96, soft, and less full; bowels open; mouth slightly affected with the mercury.

19. Mouth sore; better. Omit the submuriate of mercury.

21. Free from all pain and tenderness, excepting soreness of mouth from mercury; bowels open; pulse soft and full; less difficulty of breathing. A pint of milk daily.

23. No pain; much less impulse of left ventricle, and but little difficulty of breathing; pulse soft and full; bowels open.

28. No pain or tenderness; feels far less beating; lies as well on the left side as on the right; breath much easier; impulse of left ventricle much less; auricular sawing sound and thrill also diminished; mouth still sore; about two stools daily.

31. Feels so well, that he wishes to leave the hospital. Milk diet.

Dr. Elliotson observed, that from the great pain, and even tenderness, on pressure, in the cardiac region, there was evidently an inflammatory state, at least, of the pericardium, and, on that account, he mercurialised the patient, at the same time that he bled him. This case, as well as the two follow-

ing, is a good illustration of the benefit that may be derived, in such affections, by antiphlogistic measures.

#### ANEURISM OF THE ABDOMINAL AORTA— ACUTE RHEUMATISM.

Thomas Spurring, admitted into Abraham's Ward, No. 18, on the 16th July, under Dr. Elliotson; he is a short stout man, 45 years of age, and states, that about three years ago, he was afflicted with severe pains in the abdomen, and constipation of the bowels, and about nine months since, perceived a pulsation about the navel. The beating has continued ever since, and there is now strong pulsation of the abdominal aorta, just above the navel, to the extent of about four inches, accompanied by severe pain in the part, so bad, indeed, as to disturb his sleep. The pain and throbbing are much worse when lying on the back; difficulty of breathing brought on by any exertion; has slight cough, and mucous expectoration, with hoarseness of voice; action of heart strong; pulse 94, full and hard; tongue coated, whitish; bowels generally constive. Milk diet; venesection to a pint. A dose of house physic.

17. Blood withdrawn yesterday not cupped, and but slightly buffed; the pain of aneurism diminished; pulse 102, soft, and less full. Bowels acted on once only. House physic daily. To be bled to a pound immediately; not cupped or buffed.

18. Has passed a good night, and is nearly free from pain; feels the pulsation less, and can lie with greater ease on his back; bowels open twice; tongue clean; pulse 90, soft.

21. Pulsation diminished; free from pain; pulse soft and full; bowels open. Venesection to a pound.

22. Blood not inflamed; sleeps well; bowels open; pulse soft; rather full.

25. Pulsation diminished, and now ceases but slight uneasiness; bowels open.

28. No pain in the aneurism, and lies comfortably on his back, but complains of great pain above the right hip, extending along the outer side of the thigh to nearly the inner condyle, and felt also on the inner side; pain on motion or pressure immediately behind the great trochanter; pulse full and strong. It appears, that on the evening of the 26th, he was sitting under a wall, in a draught of air for half an hour, without any stockings, and with very bad shoes, and the attack of pain came on the night after. To be cupped on the right hip to a pint. A warm bath.

29. The pain has entirely left the hip, and he now complains of the right knee and foot; tongue coated, white; bowels open; pulse 98, less full.

31. Has some headache and shooting pains in the right hypochondriac region, increased on inspiration; pain in the right ankle, which is hot and swelled; does not sweat; tongue whitish; dislikes milk diet. Twenty leeches to the right side, and twelve to the foot. Fever diet.

*Colechicum wine*, half a fluid drachm, three times a day.

August 3. The pain is now in the left knee and foot; bowels open; tongue whitish; pulse soft, and rather small. Twenty leeches to the left foot. Dry diet.

5. Rheumatism considerably better; pulse 92, soft; tongue less coated; bowels purged.

*Colechicum wine*, half a fluid drachm; *Tincture of opium*, five minims, three times a day.

11. Has lost all pain in the limbs, and the pulsation of the tumour is much diminished, causing him only slight uneasiness. Bowels open, and complains only of weakness and slight stiffness of the joint.

#### ANEURISM OF THE ASCENDING AORTA.

William Andrews, a strong, healthy-looking man, aged 53, was admitted into Jacob's Ward, under the care of Mr. Green, on the 25th of June, with a strongly pulsating tumour beneath the third and fourth ribs, on the right side of the sternum; a constant dull pain at the part, and in the course of the artery and nerves of the right arm, from about two inches below the axilla, to about an inch and a half above the inner condyle. Difficulty of breathing; inability to lie on the left side, but can lie flat on his back. States, that about three weeks ago, while making great exertion, he suddenly experienced a severe pain in the (present) situation of the aneurism, and some days after, the pulsating tumour appeared. There is no bellows sound, merely a strong pulsation. Bowels open. Venesection to twelve ounces; House diet.

July 1. Still complains of considerable pain, and the tumour pulsates strongly.

*Venesection to 8 ounces*; *Extract of conium*, five grains, three times a day.

10. Pain in the arm, and tumour diminished. Transferred to Dr. Elliotson.

*Venesection to 12 ounces*; *Extract of stramonium*, one grain every night. Milk diet.

14. Pain of the arm gone; pain of aneurism reduced, and the pulsation and swelling somewhat less. Venesection to a pint.

17. Swelling and pulsation of the tumour

much less. Lies down perfectly well on either side, and feels much better in all respects, except that the joints are painful and rather hot.

*Colchicum wine*, half a fluid drachm, three times a day.

23. Feels so well, that he cannot be prevailed upon to stay longer in the hospital.

It was remarked by Dr. Elliotson, that this aneurism arose, like the similar case of Buimestar's, (reported at page 533 of *THE LANCET*;) and that the two foregoing cases also arose from the same cause, the living membrane, probably, having experienced in each a degree of laceration, in the above case of diseased heart, chronic inflammation having been excited. The case being free from all prternatural sound, shows, as well as the foregoing case of abdominal aneurism, that aneurism is not necessarily attended by *bruit du souffle*.

#### ST. BARTHOLOMEW'S HOSPITAL.

##### HARE-LIP.

Mr. Lloyd, July 25, performed the operation for the cure of this imperfection upon an infant apparently about two months old. From beginning to separate a portion of the under part of the lip from the gum, to effectually paring off the edges of the fissure, six minutes and a half elapsed; and by the time the parts were brought together in the usual manner by two hare-lip pins, five more minutes were consumed. The impression was, that the operation was by no means cleverly performed. Much difficulty was experienced in raising the lip from the gum, and in cutting off the edges. The operator ascribed the prolonged suffering of the poor little patient to the ~~dis~~creditable choice of, and state in which he found, the hospital instruments, and declared that he would never again operate here, without either being previously satisfied that the instruments of the institution were in proper order, or he had his private instruments at command. The instruments, such as they were, (uncouth enough, God knows,) were examined before the helpless sufferer was laid on the table.

##### INJURIES FROM FALLS.

— Warners, a tut. 17, of dark complexion, spare habit, and idiotic for several years past, was admitted into Rahere's back ward, July 11, under the care of Mr. Lawrence. The poor fellow had got to the top of a house in Red Cross Street, supposing, as it was believed, that he was

going to paint some part of it, having previously been a painter, and fell through a sky-light, to a distance of fifty feet. The right thigh was fractured in two places, and the summit of the head severely injured. He was perfectly insensible when brought into the hospital, and remained so without the remotest symptom of returning reason till the night of the 24th, when he expired.

Adam Bicknell, aet. 42, a painter, tall, sallow, and slender, in the habit of drinking rather freely, both of spirits and porter, fell from the top of a ladder, an immense distance, receiving considerable injury about the left hip, and a compound fracture of the olecranon of the left arm; was admitted into Rahere's Ward, under the care of Mr. Lawrence, May 22, in a state of insensibility. Bled to eighteen ounces; to have a lotion of the subacetate of lead applied to the arm: compound senna draught to be taken immediately.

21. Apply eighteen leeches to the arm, and place the patient on a high bedstead.

June 6. Is somewhat sensible. Complains of great pain about the pelvis, though, he says, he feels still more about the elbow-joint. The elbow much inflamed and swollen; discharges a thin offensive pus; respiration and pulse very quick. Passed a very restless and delirious night. Apply a large poultice round the elbow-joint, and keep the bowels open.

8. Mr. Lloyd, who has just seen the case in the absence of Mr. Lawrence, thinks the external opening communicates with the joint. Pulse weak, and 90; tongue brown and dry. The limb much in the same state. Continue the remedies as before.

13. Has become sensible, and complains principally of pain in the arm. The tongue clean, but he does not sleep well at night. Mr. Lawrence has made an incision on the outer side of the limb, from about the insertion of the deltoid, through the skin and integuments, to a hand-breadth below the joint. This exposed a large portion of cellular tissue in a state of inflammation and suppuration, which emitted a most offensive odour. Continue the poultice.

15. A large slough of the cellular membrane has come away through the wound. The muscles underneath have a healthy appearance. A copious discharge of very fetid yellow greenish pus. Continues more sensible, and has been ordered eight ounces of brandy.

19. The surface of the wound is healthy granulating. It has been found necessary to make another incision on the inner side of the forearm, through which a very considerable additional discharge has taken place.

August 5. The arm has proceeded slowly to heal; the bowels have been regulated, the constitution supported, and the patient is almost able to leave the hospital.

## WESTMINSTER HOSPITAL.

### ANEURISM OF THE AORTA.

GEORGE SPAUNTON, *ætat.* 30, a shoemaker, of slight form and short stature, bred up in the metropolis, was admitted under Sir George Tuthill, M.D., 17th of July, 1829, with supposed disease of the kidneys. He states that his childhood was remarkably healthy, but that in his seveneenth year he had an attack of typhus fever, which impaired his health for a considerable time. He is a bachelor, and has never been much addicted to venery, or the subject of lues. Drink (chiefly gin and porter) he freely indulged in, and was considered a jovial fellow by his shopmates, with whom he was in the habit of getting drunk once a week. His father and brother suffered much from gravel.

His health fell off in the beginning of January, some time after receiving a severe blow on the back whilst inebriated. Pain was first felt in the back, even with the tenth dorsal vertebra. His appetite and strength gradually diminished, and he consulted a medical man, who confined him to his bed, and furnished him with medicines to act on the bowels.

About the end of March, he experienced an acute pain at the pit of the stomach, with palpitations of the heart, which continued, with more or less intensity, until the beginning of June, when the symptoms entirely disappeared.

Early in July, he caught a severe cold, which produced a cough, and all his sensations, palpitations, and pains, returned in an aggravated degree.

The following symptoms are now extant: lying supinely on the right side, being unable to lie on the left; countenance natural, though slightly pale; also much rather undistended than natural; respiration accelerated, about thirty breathings in a minute, and the action of the heart exceedingly strenuous, perceptible at some yards' distance. Throughout the thorax, the loud beat of the heart prevails over the long sound of the respiration. The "*bruit de soufflet*" quite distinct both at the basis sterni and between the cartilages of the fifth and sixth ribs. Pupils dilated; no pain of head; tongue furred; pulse 80, feeble, thrilling; skin natural; bowels open; urine

moderate in quantity, highly coloured, and depositing a sabulous sediment.

The back-ache extends to-day nearly as high as the shoulders, but it is not increased by motion. The following medicines ordered:—

*Decoction of juniper berries*, one ounce;  
*Spirit of nitre*, half a drachm. Mix, and form a draught, to be taken thrice a day. A table-spoonful of castor oil to be taken every morning. Spoon diet.

20. His nights are restless; an increase of pain under the sternum; action of the heart unaltered to-day, although it occasionally remits towards morning; a soreness of the epigastrium; a part of the integument covering the right side of the thorax, corresponding to the cartilages of the fourth, fifth, sixth, and seventh ribs, perfectly insensible. This draught is to be given three times a day, in lieu of that last prescribed:

*Almond emulsion*, one ounce;  
*Tincture of jerglove*, ten minims. Mix.

21. The pain is less acute; but, to produce sleep, it is necessary to give him a pill of a grain of opium, and two grains of ipecacuanha every night.

22. No great variation till this evening; an increase of pain took place in the spine, casting forwards to the breast-bone; the face became anxious, and the breathing was nearly suspended. The action of the heart feeble and *intermitting*, as if restrained by a superior power. Pulse at the wrist felt with difficulty. He was bled to six ounces, and experienced immediate subsequent relief; the heart and pulse were freed. The opiate pill, and other remedies, continued.

23. The ease experienced after the venesection continued about an hour, when the poor fellow returned to his wonted state. To-day he has pain in the right hypochondrium, relieved by a deep inspiration; all the emunctories act well except the bowels, which are confined. Perspiration profuse. The cardiac pulsations less violent. No "*bruit de soufflet*." The impulse of the heart perceptible at the left wrist, but not synchronous with the pulse. The medicines discontinued, and a grain of calomel given every night, with a dose of castor oil in the morning.

24. It is found necessary to add a grain of opium to his night pill. No variation of symptoms.

25. The man continued in nearly the same state, except that he became more querulous, until this evening about eight o'clock, when he was heard to say in his usual tone, "my breath is stopping;" he immediately turned on his right side, and became perfectly still; he was supposed to be sleeping, until, at ten o'clock, he was discovered to be dead and cold.



subsequent state of health we are unacquainted. Another case is that of Nowlan, in whom the carotid artery was tied for a pulsating tumour on the head. In the account in *THE LANCET*, it appears that the operation was performed about the middle of September, 1827. He went on well till the fifth day after the operation, when he had a severe rigour; after which he was affected with general febrile symptoms; on the seventh hæmorrhage occurred; eighth, no hæmorrhage, but general febrile symptoms continue. In the account in *THE LANCET* (p. 11), of the 6th of October, 1827, it is stated that venous hæmorrhage had occurred daily since the operation; on the eleventh day he complained of pain in the left eyeball and orbit; he also experienced some degree of deafness, and was remarkably drowsy, and his intellects were affected. On the 14th, these symptoms had increased, complete blindness and deafness succeeded, and he was affected with a degree of stupor almost bordering on coma. On the fourteenth day after the operation, every disagreeable symptom had subsided, except the protrusion of the eyeball; the tumour had diminished most perceptibly in size, and had lost, in some degree, its varicose appearance, and the patient had fairly surmounted the dangers of the operation. In *THE LANCET* of the 15th of October, it is stated that on the 10th, protrusion of the eyeball had proceeded to a great extent, and that effusion of serum had taken place between the conjunctiva and sclerotic coats, but that the tumour was diminished; that two small abscesses had formed under the integuments of the back of the neck, and of the posterior part of the scapula; that, on the 18th, a slough was formed on the upper portion of the sclerotic coat, and that the evacuation of the contents was the speedy consequence. On the twenty-fifth day the tumour was one half less, the ligature came away, the pulsation was slight, and the integuments had resumed their natural appearance; the temporal, occipital, and posterior aurial arteries, did not pulsate. These statements do not exactly tally. This is all we have heard of this case since, till he was admitted into the Middlesex Hospital, under the care of Mr. Mayo, on the 4th of January, for lumbar abscess, attended with great emaciation, and hectic fever; he became delirious on the 19th, and unable to void his urine, which was drawn off from him by the catheter; on the 21st he died.

When the patient came to the hospital, the tumour, the removal of which the operation had been performed, pulsated strongly. By the *post-mortem* examination, it appeared that the common carotid artery was obliterated, and that the internal jugular vein was apparently impervious to a con-

siderable extent; that there was pus effused in great quantity round the commissura tractuum opticorum, and along the whole base of the brain, and in the fourth ventricle. It was contained between the pia mater and tunica arachnoidea. An effusion of pus equally copious occupied the whole length of the spinal chord interposed between the same membranes.

I am of opinion that the effects of this operation are always seriously felt, and that incalculable mischief must be the result, and always ensues; and that, from the importance of the function of the artery operated upon, it has never been performed with the impunity which has been ascribed to it. Contemplating the complexity of the mechanism of the brain, the delicacy of its structure, the importance of its office, the minute ramification of its blood-vessels, with an organisation of nerves too minute and subtle for inspection, by which we receive all our corporeal enjoyments, and the fact that even the powers of the mind are extensively influenced by its action,—when we likewise consider that the senses of smelling, seeing, hearing, tasting, and feeling, each of which is a secret world of wonders, all emanate from, and are supported by the powerful influence of its inexplicable organisation,—I say, when we accurately consider all these circumstances, how is it possible but that material derangement must arise from the privation of an artery so essentially necessary for so primary and important an organ? Perhaps I may be told that the circulation can be carried on by means of the vertebral arteries forming the basilar artery, sending off the arterie communicantes posteriores Willisii, anastomosing with the arterie communicantes anteriores, sent off from the internal carotid; as also by means of the anterior cerebral artery, a branch of the internal carotid uniting with its fellow by a cross branch, which completes the circle of Willis, and that by these means the communication can be carried on by which the blood will pass from one internal carotid to the other. In reply to this, I must observe, that though by this wonderful precaution taken for our preservation, the brain would have been protected from any disease arising and gradually obliterating any one of its vessels, and have been capable of averting any evil that might have assailed it; yet here, where so serious and sudden an injury is inflicted, I conceive we egregiously err in expecting it; and if we refer to the case of Mason, (*LANCET*, p. 370) where the operation was performed in so masterly a manner by that excellent surgeon Mr. Vincent, on the right carotid, one of the cases above alluded to, we find hemiplegia supervened in about half an hour after the operation on the left side; that all mo-

*Autopsy fourteen hours after decease.*

At first view of the body, the right side was seen to be much more prominent than the left. The abdomen being first opened, all the viscera of that cavity and of the pelvis were found perfectly healthy; on the right side the liver was pushed down into the lumbar region, and the right half of the diaphragm convex towards the abdomen. The sternum was now raised, and the left lung was ascertained to be nearly healthy, an incipient hepatization only being perceptible. On the right side the thorax was impacted with coagulum, which, on being removed and measured, amounted to five pints; adhesions had taken place at the apex around the root, and on the anterior surface of the lung, which rendered care necessary in searching for the source of the hæmorrhage. At last it was found in the descending aorta, which extended from the third to the sixth dorsal vertebra. Anteriorly the tumour was inseparably adherent to the œsophagus, the posterior side of which was reduced to a thin pellicle; when the finger was passed into the cavity, it was found to be that of a circumscribed false aneurism. Portions of the bodies of the fourth, fifth, and sixth vertebrae, and about three inches of the surface of each corresponding right rib, were absorbed, and the cancelli in contact with the coagulum. The vena cava ran upwards between, and in contact with, the mal bag, and the root of the lung, and its coats unaffected. As the aneurism was not opened, it was impossible to ascertain the state of the sympathetic and intercostal nerves, which were situated in the walls of the tumour. The heart was pale, but perfectly healthy in its structure, and an ounce of serum was discovered in the pericardium.

## AMPUTATION OF THE HAND.

Mr. Guthrie amputated, on Saturday last, the hand of John Watts. About four months previously, he had been admitted with a severe wound of the left hand, occasioned by the bursting of a blunderbuss; the thumb and index finger were torn off, and the carpal joint exposed. Mr. Guthrie thought it important to save the three remaining fingers, and succeeded in healing the wound, but with a stiff wrist joint. The man soon found his stiff tricuspid member rather an impediment than a help, and as he suffered considerable pain at every change of weather, he became urgent for its removal. The limb was removed, according to Lisfranc's method, with a catlin; the operation was very neatly done. Mr. Guthrie said,

it had been objected to this mode of operating, that the arteries were left very long; but this objection was of no weight, as nothing was easier than to snip off the end of the artery with a pair of scissors. This was demonstrated in the present case. Three arteries were taken up, and being too long, were trimmed in the manner directed.

## ON THE IMPROPRIETY OF OPERATING FOR ANEURISM OF THE CAROTID ARTERIES.

By JOHN TUSON, Esq., Surgeon.

HAVING paid a good deal of attention to the accounts published in various medical works of the operations for aneurismal enlargements of the carotid arteries, particularly in the case of John Mason, lately published (p. 570)—finding, also, by the *post-mortem* examination, just such appearances as I conceived would naturally be the result, and from observations, previously made, of their generally fatal termination, I am very much induced to doubt the propriety of their performance. That the arteries may be tied with safety, is true; that the tumours will be diminished in consequence, will be readily allowed; that where there is much vascularity, the wounds will heal, and that patients have been discharged from the hospital apparently well, we know to be the case; but we seldom hear what the subsequent health of the patients has been.

A material difference of opinion may exist between us respecting its propriety, I beg it may be understood, it is not my intention to offer the slightest disrespect to any of the distinguished individuals whose names may be mentioned in this discussion, as it is of the greatest importance to society that this operation should be viewed in all its bearings, and that its principles and practical utility should be carefully and maturely weighed; my object in writing on this subject is directed to it for the sake of humanity, and the benefit of the profession. Mr. Wardrop has stated some successful cases where the ligature has been applied. As far as the stopping the circulation, and diminishing the tumour go, they are satisfactory, and in any other artery, I have no hesitation in saying, it may be advantageously used. In the case of the lady, seventy-five years of age, it appears there was a progressive diminution of the bulk of the aneurism, and the strength of its pulsations; that, on the fourteenth day after the operation, it was not larger than half its bulk, and that, at the end of the fifth week, the ligature came away, and the patient's health appeared to be perfectly re-established, but with the

subsequent state of health we are unacquainted. Another case is that of Nowlan, in whom the carotid artery was tied for a pulsating tumour on the head. In the account in *THE LANCET*, it appears that the operation was performed about the middle of September, 1827. He went on well till the fifth day after the operation, when he had a severe rigour; after which he was affected with general febrile symptoms; on the seventh hæmorrhage occurred; eighth, no hæmorrhage, but general febrile symptoms continue. In the account in *THE LANCET*, of the 6th of October, 1827, it is stated that venous hæmorrhage had occurred daily since the operation; on the eleventh day he complained of pain in the left eyeball and orbit; he also experienced some degree of deafness, and was remarkably drowsy, and his intellects were affected. On the 12th, these symptoms had increased, complete blindness and deafness succeeded, and he was affected with a degree of stupor almost bordering on coma. On the fourteenth day after the operation, every disagreeable symptom had subsided, except the protrusion of the eyeball; the tumour had diminished most perceptibly in size, and had lost, in some degree, its varicose appearance, and the patient had fairly surmounted the dangers of the operation. In *THE LANCET* of the 13th of October, it is stated that on the 10th, protrusion of the eyeball had proceeded to a great extent, and that effusion of serum had taken place between the conjunctiva and sclerotic coats, but that the tumour was diminished; that two small abscesses had formed under the integuments of the back of the neck, and of the posterior part of the scapula; that, on the 18th, a slough was formed on the upper portion of the sclerotic coat, and that the evacuation of the contents was the speedy consequence. On the twenty-fifth day the tumour was one half less, the ligature came away, the pulsation was slight, and the integuments had resumed their natural appearance; the temporal, occipital, and posterior aural arteries, did not pulsate. These statements do not exactly tally. This is all we have heard of this case since, till he was admitted into the Middlesex Hospital, under the care of Mr. Mayo, on the 4th of January, for lumbar abscess, attended with great emaciation, and hectic fever; he became delirious on the 19th, and unable to void his urine, which was drawn off from him by the catheter; on the 21st he died.

When the patient came to the hospital, the tumour, and the removal of which the operation had been performed, pulsated strongly. By the *post-mortem* examination, it appeared that the common carotid artery was obliterated, and that the internal jugular vein was apparently impervious to a con-

siderable extent; that there was pus effused in great quantity round the commissura tractuum opticorum, and along the whole base of the brain, and in the fourth ventricle. It was contained between the pia mater and tunica arachnoidea. An effusion of pus equally copious occupied the whole length of the spinal chord interposed between the same membranes.

"I am of opinion that the effects of this operation are always seriously felt, and that incalculable mischief must be the result, and always ensue; and that, from the importance of the function of the artery operated upon, it has never been performed with the impunity which has been ascribed to it. Contemplating the complexity of the mechanism of the brain, the delicacy of its structure, the importance of its office, the minute ramification of its blood-vessels, with an organisation of nerves too minute and subtle for inspection, by which we receive all our corporeal enjoyments, and the fact that even the powers of the mind are extensively influenced by its action,—when we likewise consider that the senses of smelling, seeing, hearing, tasting, and feeling, each of which is a secret world of wonders, all emanate from, and are supported by the powerful influence of its sympathetic organisation,—I say, when we accurately consider all these circumstances, how is it possible but that material derangement must arise from the privation of an artery so essentially necessary for so primary and important an organ? Perhaps I may be told that the circulation can be carried on by means of the vertebral arteries forming the basilar artery, sending off the arterie communicantes posteriores Willisii, anastomosing with the arterie communicantes anteriores, sent off from the internal carotid; as also by means of the anterior cerebral artery, a branch of the internal carotid uniting with its fellow by a cross branch, which completes the circle of Willis, and that by these means the communication can be carried on by which the blood will pass from one internal carotid to the other. In reply to this, I must observe, that though by this wonderful precaution taken for our preservation, the brain would have been protected from any disease arising and gradually obliterating any one of its vessels, and have been capable of averting any evil that might have assailed it; yet here, where so serious and sudden an injury is inflicted, I conceive we egregiously err in expecting it; and if we refer to the case of Mason, (*LANCET*, p. 170) where the operation was performed in so masterly a manner by that excellent surgeon Mr. Vincent, on the right carotid, one of the cases above alluded to, we find hemiplegia supervened in about half an hour after the operation on the left side; that all mo-

tion was gone, though the sensation had not entirely disappeared; that the sensation on the right side and extremities was partially affected: thus my statement of the dangerous effects of intercepting this source of the circulation through the brain will be fully confirmed. That the vertebral arteries, and the opposite internal carotid, are not sufficient for the purposes of the animal economy in the brain, will be further elucidated by the operation performed by Mr. Key in January, 1824, which reflects great credit on his dexterity as a surgeon. Though it was performed in the best possible manner, yet a numbness took place in the side, and continued till his death, which happened in about a week. Now if the vertebral arteries could have carried on the circulation effectually, the operation having been performed in both these cases by the most skilful and scientific method, death would not have ensued. I am inclined to think Mr. Key views this subject in the same light as I do, as lately another patient with an aneurism in the carotid artery applied to him, and he wisely declined so hazardous an undertaking. This operation has likewise been performed by Mr. Coates of Salisbury, and Dr. Duffin, in both which cases it was unsuccessful, and death was the result. Under a due sense of all these considerations, my judgment strongly militates against it. Where we have reason to fear the tumour will soon break, it may be deemed advisable, for the chance of the prolongation of the life of the patient, to perform it. Wretched as the alternative is, I fear it will be useless, and after all we can do,

*χρημυδὲς ἄρας δέματος.*

I offer these observations to the notice and consideration of the profession, in order to impress on their minds, before they consent to operate, to take sufficiently into account the peril to which the patient is exposed, as weighed against the chance of benefit.

Howland Street, Aug. 10, 1829.

WEISS'S URETHRAL FORCEPS.\*

To the Editor of THE LANCET.

SIR,—It was with some degree of surprise that I found, on reading your LANCET of the 1st instant, that you should suffer so much humbling to intrude in the pages of your

\* This instrument is an admirable invention, and might have been used with the most perfect success in many cases which we could name, where the patients were unnecessarily submitted to the excruciating operation by the knife.—Ed. L.

valuable journal. I allude to the following, page :—

"In case the stone, or a *fragment* of it, should escape from the claws of the '*pince*,' the fruitful imagination of the Baron has supplied a remedy; the '*mandrin*' is withdrawn, and a very delicate instrument, consisting of a canula, a steel rod, and three very fine elastic tenaculæ are introduced, the substance is seized and replaced within the jaws of the larger instrument, and the process of its destruction is resumed."

You have omitted to mention the little bird, or "*oiseau*," of twenty-five pieces, which whippers in the Baron's ear, that a fragment had fallen out of the large instrument's jaws, and it is as readily picked up as if the stone lay upon a dessert plate, which every body in the room could see. It appears that they have quite forgotten the possibility (which the success of Sir A. Cooper and Mr. Brodie has fully shown) of extracting calculi larger than a hazel nut by my instrument, the urethral forceps, and with which Sir A. Cooper extracted eighty-four calculi from one gentleman, which, I think, it would puzzle the Baron to do with an instrument even of eighty-four pieces.

I am, Sir,

Your obedient servant,

JOHN WATKINS.

Strand, Aug. 8, 1829.

FORMATION OF THE FLAT BONES.

\* To the Editor of THE LANCET.

SIR,—Allow me to call your attention to a subject which may be interesting to some scientific men, particularly to physiologists; and which, I presume, goes to disprove the apparent correctness of our present ideas on the subject of osteogeny, which have led us for ages past to suppose that the osseous deposition in the flat bones, particularly the cranial, begins from a central point, proceeding thence in radii.

I seem to have been the first who has been able to demonstrate the process in the stage *previous* to that in which the fibres take on the straight line. In the preparation which I have, it may be seen decidedly and beautifully reticulated.

If you, Sir, can refer me to any English author, who has described or mentioned this peculiarity, previous to the last six or seven years, I shall feel much obliged by the communication.

Any professional gentleman wishing to satisfy himself by ocular proof, may see bones at my residence.

Your humble servant,

JOHN M. DRAKER.

1, Little Hermitage Street, near the London Docks, Aug. 3, 1829.

## ERGOT OF RYE IN HÆMORRHAGE.

By R. CORBETT, M.D.

THE specific effect of the "secale cornutum" being still doubted by many practitioners, notwithstanding the numerous cases of its efficacy recorded in your invaluable Journal, I think every medical man who is in the habit of administering it under any circumstances, ought to record his experience of the cases in which it is, as well as those in which it is not, successful. I have already communicated cases for publication in *THE LANCET*, in which I found it decidedly beneficial, and, I trust, my adding another to the list, will not trespass too much on your columns.

Judith Savage, cook, ætat. 39, a married woman, of spare and rather leucophlegmatic habit, was, in the month of May last, confined with a healthy child, her labour was natural, and not marked by any unusual symptoms. In three weeks after her accouchement, she returned to her situation, which was one (in a large family) that gave her constant and rather laborious employment. She complained of not regaining her strength as quickly as she had done after her former labours, having had five children, and the habitual discharge continuing longer than usual. At the end of the sixth week, she was suddenly attacked with profuse hæmorrhage, which was restrained, in some measure, by the application of cold water and vinegar to the hypogastric region, she being kept in the recumbent posture, and taking cool acidulated drinks; it returned in a day or two with the same violence, and I was called on to visit her; she was languid, her skin cold and blanched; pulse 110, small, but with a peculiar jerking feel; thirst, loss of appetite, and restlessness. On inquiry, I found her bowels had been freed by a dose of Epsom salt; I directed a drachm of ergot of rye to be boiled in half a pint of water for ten minutes, and ordered a third of the strained decoction to be given at intervals of twenty minutes. The effect astonished her and her attendants, as the hæmorrhage ceased by the time the third dose was taken. It returned next day, from her having imprudently resumed her business, and the ergot prescribed in the same doses, again succeeded in completely checking it. The woman improved rapidly, and has had no return since.

July 29, 1829.

## IRISH APOTHECARIES' COMPANY.

To the Editor of *THE LANCET*.

SIR,—A letter was addressed to you, some time since, on the subject of the Irish Apothecaries' Company not dealing fairly with the members of that profession. It related the fact of a druggist's shopman, resident in the city of Cork, having obtained a license as apothecary, after, and in consequence of, information having been forwarded to the "Hall" of his having compounded a prescription, and his having quietly submitted to the penalty of £20. for the offence. The convicted party was so off-hand and liberal that he was at once dubbed a licentiate, and he is now practising as an apothecary in Cork, although he never either underwent the examination of an apprentice, nor ever served the term required by the Irish Apothecaries' Act, seven years, nor ever served any term whatever to an apothecary! It has been remarked that you have been inclined to favour the "Irish Old Hugs;" but I feel confident that so gross an injustice to the members of the apothecary profession in this country, can never meet the approbation of one who has so fearlessly and independently broken up many monopolies that have disgraced the several branches of the profession.

I am, Sir, yours, &amp;c.,

REFORMER.

Waterford, July 30, 1829.

## PHYSICIANS' PER-SENTACT 5Y-11M.

A CORRESPONDENT at Wiesbech defends the connexion which exists between physicians and druggists, against the charges which have been brought against them. He considers, that for the preference given by the former to particular druggists, there are "coherent assignable reasons; that the physician has a greater confidence in the ability, accuracy, and integrity of one medicine-maker, than in that of another." That, notwithstanding the apparent connivance, the people still continue to carry their prescriptions to the one, and to apply for advice to the other. In justification of the ordering of "compositions which have no existence in the Pharmacopœia," he observes, that the Pharmacopœia is by no means perfect, and that there are many very excellent preparations which it does not contain, and many which it contains that are capable of considerable improvement.

## SIMULTANEOUS EXISTENCE OF COW-POX AND SMALL-POX.

To the Editor of THE LANCET.

SIR,—Being in the habit of vaccinating a considerable number of children weekly, yet having never before met with a case like the following, I am induced to forward it to you, in consequence of the letters which have recently appeared in your valuable publication on the subject.

On the 29th of June, I vaccinated a female child, eight months old, in two places on each arm, with matter from a healthy subject. On the fourth day, when I saw the child, a proper inflammatory redness surrounded the punctures, and all seemed going on well; but, on the seventh day, small-pox made its appearance; the vaccine inflammation, however, continued to increase until the tenth day, when it gradually disappeared in the usual manner. The small-pox, which was of the confluent kind, ran its course with violence. The child is now recovering, but is much pitted. It is observable, that in this case, the two poisons seemed to have no effect upon each other, each continuing its definite period, and retaining its specific appearance and character throughout.

I am, Sir,

Yours respectfully,

CHARLES ROBERTS.

54, Sun Street, Bishopsgate.

## CARTWRIGHT'S FORCEPS, WITH FOX'S MANDIBLE.

A CORRESPONDENT, signing himself "Scrutator," makes the following remarks under the above title:—"I have been in the habit of using, and seeing used, by the most eminent men in our profession, both the key and Cartwright's forceps; and never witnessed the invariable destruction of the alveolar process, of which Mr. Fox makes mention. (p. 598.) But if I recollect right, 'it is the assistant who generally splinters the bone in the amputation of a limb.' It is only in about every tenth case, that the forceps are applicable. No one in their senses would attempt to use them where the side of the tooth is decayed, as is frequently the case; and to pretend to raise the tooth direct, in every instance, is absurd in the extreme, as, frequently, the fang is directed at a more or less acute angle, with the body of the tooth.

The mode of proceeding with the forceps, then, is this: having fixed them, without having any opposed pressure, to the alveolar process, you begin to press the tooth against its socket; by means of the powerful adjutants, the 'handles,' you either take off the crown of the tooth, or 'merely push on one side the alveolar process.' If there be any advantage in this, why, let Mr. Douglas Fox remit a specimen of his apparatus, and it shall be used. Only let him be cautious and recollect, that whilst he is drawing his patient's molars, he does not injure his own incisors, or he may have to use his fingers as levers.

"P.S. Should Mr. Fox think this ill-natured, I shall be most happy to answer his reply with name and address."

## TO CORRESPONDENTS.

COMMUNICATIONS received from Mr. Thomas Litchfield—Mr. Kingston—Mr. Forbes Winslow—Mr. Colby—Mr. William Andrews—Mr. H. Grayson—Mr. D. O. Edwards—Mr. W. G. Edwards—H. S., of Portsmouth—Chirurgus—A Poor Student—Exeter—Fallo-pianis—A Practitioner—An intended Pupil of the London University—A Chirurgion—J. F. C.—A Surgical Pupil.

Mr. Edwards's reply to the letters of Mr. White and Mr. Costello reached us too late for insertion, but it shall appear next week, as shall several other letters.

Will "A Surgical Pupil," in the Borough, send us a more precise address?

X.X.X. Do not be impatient. "There is a time for all things," a time to reap, and a time to sow, and a time to kill Bats.

## RECEIVED FOR REVIEW.

An Introduction to Systematical and Physiological Botany. Illustrated with Explanatory Engravings. By THOMAS CAMPBELL, M.R.C.S., F.L.S. London. Cox. 1843. 18mo. pp. 285.

# THE LANCET.

VOL. II.]

LONDON, SATURDAY, AUGUST 22.

[1828-9.

## LECTURES

ON THE

DISEASES OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY .

DR. BLUNDELL.

LECTURE XXXIII.

*External Organs of Generation.*

HAVING NOW concluded my observations upon the internal genitals, and some of their more interesting diseases, I proceed, in closing the course of Lectures, to make some remarks upon the structure, actions, and diseases of the external organs, including those parts which lie in the vicinity of the genitals, *meatus urinarius*, the *anus*, and so on. If we examine the external parts in their healthy state, we find, as you may see in the preparation now demonstrated, a capillary growth upon the *mons veneris*, an eminence seated immediately above the genital fissure, upon the symphysis pubis. This elevation is formed in part by means of the ligamentous fibres upon the symphysis pubis, of themselves constituting a considerable prominence, and, in part, by an accumulation of fat and cellular web. Upon either side of the fissured passage, and forming it, are placed the *labia pudendi*, produced by a folding of the common integuments in the man of ordinary structure, somewhat coarser externally, but internally smooth and thin, and bearing a most striking resemblance to the inner membrane which lines the mouth. Adeps is deposited between these folds in some cases, where the women are advanced in age, the *labia pudendi* are wadded, and in others, in younger women especially, they are larger and fuller. Interposed between the *labia pudendi* and the *anus*, there lies a part which you will recollect I have so often mentioned to you, the *perineum*; the *parianum*, being formed by the inferior and back part of the vagina within, and the common integuments without, with a few stray muscular fibres, perhaps, and a little cellular

web interposed. The anterior edge of this perineum, uniting the *labia* behind, is called the *commissure*, and may be distinguished from the rest of the perineum by its greater tenuity; and immediately above is a hollow, into which the apex of the little finger may be passed, the *commissure* forming the floor of it, and this cavity is called the *fossa navicularis*. With the birth of the first child, the *commissure* is generally torn through, and the *fossa* disappears along with it, but not always, so that the existence of these parts is no disproof of previous child-birth; and I remember myself a case in which, though I had delivered the patient, not without difficulty with the forceps, the *commissure* and the *fossa* existed afterwards in all their perfection. On separation of the *labia pudendi*, the more internal parts are disclosed, the *clitoris*, the *nymphæ*, the *triangular space* between the *nymphæ*, and the *meatus urinarius*,—the orifice of the vagina, the *hymen* lying in the orifice of the vagina, and the *carunculae mortiformes*, which may certainly co-exist with the *hymen*. Concealed from view also, but lying in the vicinity, are the *crura clitoridis*, parts which rest upon the rami of the *ossea innominata*; and surrounding the orifice of the vagina externally, is a large assemblage of blood-vessels, producing a plexus, which forms, as it were, for the *clitoris*, a second pair of *crura*, and compression and erection seem to be the principal object of these organs. On either side the *clitoris*, but more posteriorly, lie the *labellæ* or *nymphæ*, and these *nymphæ* are formed by the doubling of a prolongation of the delicate tegument which forms the inner surface of the *labia pudendi*; and between the folds, a vascular substance is deposited, by which their thickness and general bulk is increased. Between the *nymphæ* and an imaginary line passing from the one *nympha* to the other, at their posterior extremity, a triangular space is contained, of smooth surface and great sensibility, and well demonstrated in the preparation before you; and in the centre of this line which forms the basis of the triangle, at the very point of the arch of the pubis, is the orifice, so important to the surgeon, I mean the orifice of

the urethra; usually to be felt with ease, by putting the finger on the point of the arch of the pubis, and slightly moving it there. Immediately behind and below the orifice of the *meatus urinaris*, is the orifice of the vagina, leading into the canal, which stretches from the external parts to the womb; and this orifice, in virgins sometimes too small to transmit the finger, is in some women exceedingly capacious, more especially if they have borne a large family. Buffon, the eloquent French naturalist, seems to fancy that the hymen, as a separate membrane, is seldom formed in women, and that the contraction of the vaginal orifice, to which it is supposed to give rise, results merely from a constriction of the parts, independent of the membrane. How far this opinion may have held true respecting the Parisian ladies under the old regime, I am not able to determine, but of this I am sure, that among our fair countrywomen, more prudent, perhaps, though less gracious than the *élegantes* of Paris, this membrane very frequently exists; nor are our museums wanting in specimens of it. Now from the examination of these specimens, it appears that the hymen consists of a very delicate, vascular, and even sensitive membrane, which, together with the parts contiguous, suffers a good deal when pressure is made on it; and this membrane is partially closing up the orifice of the vagina. The membrane assumes two forms, sometimes it is circular, containing a free central aperture, capable of transmitting the tip of the little finger; and in other cases it is in form like a crescent, and then always lies in the posterior and inferior part of the orifice of the vagina. There are, too, other forms which the hymen assumes, as you may perceive from these specimens, but they are rather objects of curiosity, than of practical importance, with the exception of two kinds, here demonstrated; I mean the cribriform and the imperforate; in other words, the hymen which closes the vaginal orifice entirely, having no perforation, and the hymen which, like a cullender, contains punctured openings.

I may observe here, that there are some young persons made very unhappy, because when the catamenia form, they are offensive. Dr. Whiting related to me a case of this kind, stating at the same time what he conceived to be the cause. It seems that the disease is produced, at least sometimes, by a partial closure of the orifice of the vagina, in consequence of which the catamenia have not a free escape during the menstruating period, and they being partially retained in the vagina, putrescence and offence ensues. If the patient is taught to use a syringe, and warm water, in a proper manner, during the menstruating period, this little infirmity may be easily relieved for the

time, and marriage and child-bearing will accomplish the rest.

Besides the hymen, there lie in the orifice of the vagina, little fleshy excrescences, of the size of the pea, or thereabouts; the *carunculae myrtiformes*, as they are called, to be seen well in this preparation. The use of the caruncles is unknown; they are not always produced by the remains of the ruptured hymen; for, as before observed, the two parts may co-exist.

It has been often asked, what is the use of this mystic membrane, the hymen? and I am not sure that we are even yet able to give an answer to the inquiry. It has often been asserted, that it is a sort of guard of virginity, and a test of its reality, and there may be some truth in this; but, after all, I am of Matthew Prior's opinion, that you should put the *padlock* on the mind, (laughter,) and that the hymen alone is but a very . . . to maidenhood—a frail out- . . . avail, if the citadel within is treacherous and unfaithful. That a woman may be pregnant with the hymen unbroken, I know for certain; and two or three decided cases of this kind I have seen, though there can be no doubt, that a well-formed hymen unbroken, must prevent the entrance of the male organ into the vagina. On the other hand, there is nothing more certain than that the hymen may be broken down without the intercourse of the sexes, from what causes I deem it needless to inquire. This membrane seems to have been regarded with peculiar complacency by some illustrious personages of days gone by. The legislator of the Hebrews, who was directed to enjoin the removal of the foreskin, has, if my memory serve, taken pretty effectual measures to induce the ladies of that nation to preserve the hymen; and some wise and good, and pious men have maintained, that parturition, at the full term, may take place without its disruption; the time has been, when, to think otherwise, would have been no light offence; but this high and mysterious matter is no subject for profane observation, and I forbear, therefore, to tread upon sacred ground.

#### *Of some of the Diseases of the Vulva.*

Patients are sometimes affected with a very distressing disease, and not of infrequent occurrence—the *pruritus* of the vulva, as it is called. Under this disease, there is a great deal of irritation of this part; sometimes seated in the *mons veneris*, and the parts contiguous—and sometimes towards the perineum. Together with the itching, there may be a smarting, stinging, and feeling of acupuncture—or, as it is popularly termed, pins and needles, the symptoms together being so severe, as to rob the patient of her rest at night, and destroy her con-

fort during the day; she cannot sit still in her chair, or lie in peace in her bed, but is continually harassed by the stings of this very troublesome disease. This pruritus, where it is found in the severer form, more especially if it is idiopathic, that is, unconnected with any other more formidable disease as its cause, arises, sometimes, where there is inattention to purity—from insects which infest the tufted growth on this part of the body, and preparations of mercury, turpentine, tobacco, and so on, and the removal of the hair, will speedily put an end to so disagreeable an affection. Again: pruritus may be produced by cutaneous eruptions, and is then relieved by the various remedies for this disease, by tar, sulphur, and mercury, in all their various forms. Pruritus may, moreover, be produced by *ascarides* in the rectum, for these worms may give rise to great irritation externally. A smart dose of calomel and scammony is said to expel them—at least, for a time; but if the *ascarides* in the rectum are attacked locally, I apprehend they may be brought more certainly away; and the strong decoction of worm-seed, or any very strong bitters, or the oil of turpentine, properly prepared in the form of injection, may be thrown into the bowel with the fairest prospect of expelling or destroying these vexatious parasites. With pregnancy, it not infrequently happens, that pruritus is connected, and when this is the case, as gestation advances, she gets rid of the disease, or, when delivery takes place, the disease ceases. More especially the patient is distressed with the pruritus at night, and a very efficient palliative, for it is nothing but a palliative, consists in having a pailful of cold water by the bed-side, taking a sponge and dipping it into the water, and then applying to the vulva; the sponge, as it gets warm, being refrigerated afresh. Lastly, pruritus, in the severest form, may arise without any very obvious cause, and it seems to take place, more especially, about the time of the cessation of the catamenia; a few very obstinate and distressing cases I have seen of this kind, and I cannot say I am yet in possession of any effectual cure for it. In the way of palliatives, anodynes may be tried locally; the refrigeration of cold water, and the preparations of tobacco, digitalis, lead. With a view of producing an altered action, mercurial ointments, blue, red, and white, and lotions, may be tried in their turns; as a temporary palliative, blisters are thought to be of service, and though blisters in this part of the body are not very convenient, yet women sometimes submit to the action of the blister rather than to the continued irritation of the pruritus. While the blister is drawing, according to Haighton, relief may be expected. If the itching occur at

the cessation of the flow of the catamenia, it is recommended that we should take away blood from the arm every two or three weeks, in order that we may imitate the discharge of the catamenia to the cessation of which the pruritus is referred. Of this practice I have little experience. I have tried very strong solutions of the nitrate of silver, and certainly as a palliative the remedy seemed to be of service, but as a radical cure it failed; and I am afraid, in the present state of our knowledge, we must, in this disease, merely look to the palliation of symptoms by means of anodynes and other measures, trusting the radical cure to time. In the course of a few months it may become materially mitigated, but, unhappily, the disease may, to my knowledge, last for two or three years, or more, and sometimes much longer. Pruritus, be it remembered, does not carry with it any disposition to cancer; let the patient clearly understand this, for she is then less likely to distress her mind with needless apprehensions. A fair trial has not yet been given, as far as I can learn, to injections into the cavity of the womb, yet it is not impossible, that though a great deal of pruritus is felt about the vulva, the real seat of the disease may be in the membrane lining of the cavity of the womb itself. Thus we find, where the stomach is disordered, that there is an itching about the nose, and where there are *ascarides* in the rectum, an itching of the perineum and the parts adjacent, as before observed, not infrequently occur. Further, you may be meeting again among your patients with cases of *sexual sensibility to excess*. Now this excess of sexual sensibility in the vulva may be connected with inflammation there, and when this is the case, it is the most effectually treated by leeches, poultices, and very frequent ablutions, at first with warm water, so as to keep the parts perfectly clear from all acrimonious substance. Sometimes, however, the disease has little or no connexion with inflammation; it seems to be produced merely by an irritability of the parts. In this case I should recommend, in the first place, the local trial of the antiphlogistic plan; after a few trials of which anodynes may be essayed, preparations of opium, hyoscyamus, tobacco, &c. locally administered in the form of ointment or washes. When the principal seat of the sexual sensibility has been the clitoris, or the parts adjacent, it has been proposed, in extremor cases, to extirpate this organ; and you will find, in Thomas's work upon the Practice of Physic, an account of a case of this kind, in which extirpation was tried, and apparently with success; this case, however, Thomas does not relate on the authority of his own observations, and it must, therefore, be received with more caution.

There is yet a third variety of this excess of sexual sensibility, and this case was shown to me in St. Pancras' work-house, by a very solid and estimable practitioner, I mean Dr. Roots. The patient there laboured under a high degree of sexual excitement, of which she gave a very clear, and at the same time modest statement. She did not appear to be by any means of depraved character. There was a great excess of irritation, and, as I thought, an evident disposition to an unsettled mind, the case approaching to nymphomania. I am not acquainted with any effectual remedy for this variety of the disease; but I cannot forbear remarking, that if the patient seems to be in great danger of losing her mind, a dreadful calamity, it might be worth consideration whether the disease might not be terminated by extirpation of the ovaries. In nymphomania, more especially, this remedy might deserve attention:

## FOREIGN DEPARTMENT.

### TREATMENT OF PHLEGMONOUS ERYSIPELAS BY COMPRESSION.

We gave, in a former Number of THE LANCET, a case of phlegmonous erysipelas, which was successfully treated by M. A. Velpeau, of the Hôpital St. Antoine, by compression. This physician has subsequently employed the same treatment in several similar cases, an account of some of which will perhaps be read with interest.

M. S., a young chemist, was, in July 1826, seized with a violent pain in the right leg, which, after twenty-four hours, terminated in considerable swelling of the whole limb, except at its outer surface; the skin was greatly swelled and very tense, of a livid colour, especially along the course of the saphena interna, which, however, on account of the swelling of the skin, could not be felt; the parts were so tender as hardly to bear the least touch; at the upper part of the thigh only, where the inflammation was less violent, the saphena was distinctly felt as a cylindric, and rather sensible chord; the pulse was frequent and strong, the skin hot and dry, the tongue whitish, &c.; there was no pain in the chest or abdomen. It appeared that about three days before, the patient had sprained his right ankle, which was slightly excoriated. He was bled to twenty-four ounces, had emollient cataplasms applied along the limb, and sixty leeches to the groin, and was put in the warm bath. On the following day the fever, and the

swelling of the thigh, had somewhat subsided; that of the foot and calf had increased; the warm bath was repeated, and forty leeches were applied round the knee. On the third day of the disease, the inflammation was still unabated; the pain very violent, and the saphena was distinctly felt tumid and peculiarly tense down to six inches below the knee. The glands in the groin were slightly swelled and painful; forty leeches were again applied. On the fifth day, no improvement having taken place, M. Marjolin, of the Hôpital Beaujon, was consulted, and proposed the application of cold compresses, which having also produced no alteration, M. Velpeau, on the sixth day, applied a circular bandage from the toes, almost up to the groin; the pain considerably increased at the ankle, but after about twelve hours, had greatly diminished in the rest of the limb. On the seventh day, the fever was much less, the swelling and redness of the skin had almost entirely disappeared; the saphena was still felt tense, and rather painful. At the anterior and interior surface of the ankle, no change had taken place. On the eighth day, the patient had passed a very tranquil night; the swelling and pain had completely disappeared, except at the ankle, where an abscess had formed, and was accordingly opened. The circular bandage was still continued, but up to the knee only. On the eleventh day, another abscess was opened, which was found to extend below the tendo Achillis. From this period, the patient gradually recovered; the vena saphena remained, however, for a considerable period hard and painful.

CASE 2.—A labourer, of a strong constitution, wounded himself in the thumb, so as to divide the cephalic vein; the wound suppurated, without causing much pain; but about three weeks after the accident, the integuments inflamed and swelled, and the veins became tortuous, very painful, tumid, and rather hard; the erysipelas rapidly spread over the forearm, and the lower portion of the upper arm, which were greatly swelled and very painful, though not so tender as the integuments of the hand; at the same time the fever was very high, the pulse strong and frequent, &c. The patient was bled, and had leeches and cataplasma applied to the arm, but without any effect, for the swelling extended up to the shoulder; the axillary glands became tumid and painful; the subcutaneous veins were turgid, and distinctly visible as red prominent chords. The limb was in the same manner, as in the above case, surrounded by a circular bandage, which was kept wet with decoction of althæa, and a regular and moderate pressure exerted on it by means of splints. For three hours the pain was considerably in-

ceased; after this time, however, it gradually diminished; the patient passed a tranquil night, the fever subsided, and the swelling and redness, especially at the upper part of the limb, had, on the following morning, almost completely disappeared, so that the cephalic and basilic veins were distinctly felt as hard knotted chords. The bandage was now only applied up to the elbow, and kept moist with a solution of camphor; the inflammation gradually subsided from above towards the hand, and about five days after the application of the bandage, was completely dispersed.

CASE 3.—C., a student of medicine, pricked the middle finger of the left hand at a *post-mortem* examination; the skin of the hand, and the whole arm, became the seat of phlegmonous erysipelas, which, in spite of the application of twenty-five leeches, had, on the third day, attained to a considerable degree; the skin was much swelled, very hard and painful, and the veins were easily felt under it as hard chords, and could externally be traced as lines of a dark-red colour; the patient was in a high fever, the pulse frequent and strong, &c. M. Velpeau immediately applied the circular bandage up to the shoulder; the pain was not increased by it, as in the former cases, and, after a few hours, was greatly diminished; the fever also subsided, and the patient passed a very tranquil night. On the following morning, he was so much better as to be able to get up. In the upper arm the affection was confined to the veins only, which were still perceptible to the touch and sight; in the hand the swelling had scarcely changed. The bandage having been continued for some days more, the patient felt so well on the eighth day, as to dispense with any further local treatment.

CASE 4.—M. O., a student of medicine, thirty years old, and generally in the enjoyment of good health, slightly excoriated the thumb of the left hand, whilst placing a dead body on the table for demonstration. On the first day after the accident he felt a slight pain in the wound, but in other respects, as well as on the second day, perfectly well. On the morning of the third day he was seized with shivering, and had an attack of fainting; the countenance was pale, and somewhat changed, and the eyes heavy; the thumb was swelled, and the arm felt benumbed. On the evening of the same day he was very feverish, and had a very restless night. On the fourth day, M. Velpeau saw him for the first time; the pulse was 115, full and sharp; the skin hot and dry; tongue whitish; the countenance sallow; the chest and abdomen free from pain; all the fingers of the left hand greatly swelled, and of a livid colour; the arm was also affected, though to a less degree; the veins

were not visible, as in the above case. On the back of the hand, especially on the thumb and middle finger, the pain was very violent. He was bled to twenty-four ounces, and had an emollient poultice applied, but without any good effect, for in the evening the erysipelatous inflammation had extended to the shoulder; the axillary glands were swelled; the fingers and the whole hand were of a dark-red colour, and greatly swelled, so as to threaten gangrene. The circular bandage was immediately applied from the fingers to the shoulder, except over the palm of the hand, and kept moist with decoct. althææ. On the fifth day the fever had almost ceased; the inflammation was much less, especially in the upper arm, but the hand was very painful, livid, and as much swelled as the day before; the epidermis round the wound was raised and vesicated. The use of the circular bandage was continued in the same manner as before, and some alcohol added to the decoction of althæa to keep it moist; the patient complained of violent shooting pain, and excessive heat in the hand. These symptoms continued during the day and the following night, but on the next morning, when the bandage was removed, the arm was found almost entirely free from inflammation. On the back of the hand, which was extremely painful, a prominence had formed, which appeared to indicate an accumulation of purulent matter; the wound was accordingly enlarged by the bistoury, but no discharge of matter ensued. The bandage was now reapplied, with a little more force than before, especially on the fingers and at the back of the hand, but not over the palm. In the course of the day the patient, frequently moved his arm from the cushion on which he had been directed to keep it, and during the following night suffered so much pain as to be induced to remove the bandage. On the morning of the seventh day no trace of inflammation remained on the arm, the hand was also less swelled and red, but very painful; the latter symptom appeared to arise from the pressure of the bandage, which, especially on the metacarpal region, was not evenly applied. Having now been more cautiously and gently applied, the pain ceased in the course of the day. The following night was passed tranquilly; in the morning the swelling of the hand had greatly diminished, but a gangrenous vesicle had formed at the top of each finger, and these having burst, eschars were formed, which came away within about ten days. The ulcerations then speedily healed and left no deformity, except on the fore-finger, the nail and third phalanx of which were partly destroyed; and under the use of the bandage all traces of inflammation gradually subsided.—*Rev. Médic.*

## REMARKS ON THE CHENOPODIUM OLIDUM AS AN EMMENAGOQUE.

By J. MORRIS CHURCHILL, Esq., M.R.C.S.

IN Number 900 of THE LANCET, is a short paper of mine, on the "Natural Method of inspissating the Juice of Plants," which, although recommended by Dioscorides, and practised still in foreign parts, had met with little or no attention in this country, until Mr. Houlton, who is always alive to pharmaceutical improvements, sent a communication to the Society of Arts on the subject. It is a well ascertained fact, that few of the extracts met with in commerce are worthy of our confidence in practice; and when it is considered that the virtues of many plants depend on their more volatile principles, which are dissipated by the heat employed in their preparation, it must be evident that the plan I have referred to, is the only one that can be relied on, for ensuring to us their active and beneficial effects.

Herewith I send for your inspection some inspissated juice of the *Chenopodium olidum*, prepared by Mr. Barnes, chemist, Brown Street, Bryanstone Square. You will perceive that it retains the sensible qualities of the plant, as described by an old author, "Odoris virosi intolerabilis, ut qui vel tactu levi manus inficit, ut longo tempore vix possit elui."\*

Before I proceed further, I will give the synonyms and the botanical description of the plant, which, in English, is termed *stinking arrack*, or *orack*; in French, *l'arroche fetide*; in German, *Stenckende*; and, in Italian, *vulvaria, cennina*.

SYNONYMS.—*Atriplex foetida*, Pharm. Edin. Bank. Pin. p. 119. *Alt.* ij. 328. *Com.* 179. *Coll.* ij. 364. *Geoff.* ij. 144. *Hill.* 347. *Leub.* dist. by *Rother.* 106. *Mour.* iii. 27. *Anty.* 45. *Atriplex olida*, Gerard Emac. p. 347. *Reti Hist.* p. 198. *Dale.* p. 73. *Blitum foetidum vulvaria dictum.* *Rai Synop.* p. 136. *Atriplex olida sive sylvestris foetida.* *Park. Theat.* p. 749. *Chenopodium caule diffuso, foliis obtuse lanceolatis.* *Hal. Stirp. Helv.* n. 1577. *Chenopodium olidum.* *Curt. Flor. Lond.* *Chenopodium vulvaria.* *Huds. Ang.* p. 107. *Lightfoot.* *Scot.* p. 149. *Wüh. Bot. Arr.* p. 255. *Affine.* p. 447.

CLASS *Pentandria*. ORD. *Digynia*.

\* Gerarde also remarks, that "it is called stinking arrack by Cordus, Garosmus, because it smelleth like a stinking fish; it is also called *tragium* and *atriplex fatidigorum olens* by Pena and Lobel, for it smelleth more stinking than the ramnish male goat, whereupon some by a figure have called it *vulvaria*."

GEN. CH.—*Cal.* 5-phyllus, 5-gonus. *Cor.* 0. *Sem.* 1, lenticularis, superum.

SP. CH.—*C. foliis integerrimis rhomboideo-ovatis, floribus conglomeratis axillaribus.*

The root is annual, the stems are procumbent, channelled, branched, and grow from six to twelve inches high. The leaves are numerous, entire, of an irregular rhomboidal form, or often egg-shaped, veined, of a mealy appearance, and stand, alternately, on short footstalks. The flowers are very small, of a light green colour, and placed in clusters at the axis of the leaves; the calyx consists of one pentagonal leaf, cut into five pointed concave divisions; there is no corolla. The five filaments are small, tapering, about the length of the segments of the calyx, and furnished with double round anthers; the germen is orbicular, and supports two styles, terminated with obtuse stigmata; the seed is lenticular, and inclosed by the calyx, which takes the place of a capsule.

The plant gives out ammonia during vegetation, on which its odour seems principally to depend; and, on analysis, has been found to yield albumen, osmazone, nitrate of potash, and an aromatic resin. This species of *Chenopodium* once obtained a place in the London and Edinburgh Pharmacopœias, and was considered by Cullen to be a valuable antispasmodic. He also gave it in hysteria, for which it is much commended by many old writers. Owing, however, to its losing its sensible qualities when dried, it gradually fell into disuse amongst medical men, and was discarded from our authorised *Materia Medica*.

Some years ago, Mr. Houlton, being in the neighbourhood of Coggeshall, learnt from an old gardener, that the poor people were constantly employing it with great success as an emmenagogue. As the celebrated Dale lived in that neighbourhood, he thought it probable that this knowledge of its virtues had been handed down from him; and on reference to his *Pharmacologia*, p. 75, will be found the following statement, "Uterina est, menses provocat, fetum mortuum secundinamque expellit, in hystericis multum prodest." On making inquiries in town, it was ascertained that our old ladies were also well acquainted with its virtues, and so regular is the demand for this herb at Covent Garden, that almost any quantity of it can be obtained from Mitcham, where it is regularly cultivated for the supply of the market. Under these circumstances, Mr. Houlton embraced several opportunities to put its merits to the test, and his success in *leuco-phlegmatic* habits has been eminently successful. In the Medical and Surgical Journal, of which he was one of the editors, he has satisfied himself by narrating one well-marked case of its successful ope-

ration; and during the last session of the Medico-Botanical Society, he sent some of the extract, accompanied by a paper on its properties. Earl Stanhope, the noble president, whose admirable printed oration, proves both the extent of his information, and his wish to promote the increase of knowledge on these subjects, anxious for further proofs of the efficacy of the *C. elidum*, did me the honour to send me a small quantity of the extract, accompanied by a request that I would try it, and communicate to the society the result; but as I can hold no further intercourse with that Society, while Mr. John Frost so completely controls it, I embrace the present medium of public communication to say, that in three cases out of four of suppressed menstruation, it immediately succeeded in restoring the secretion, unaccompanied by any other sensible effects.

You are well aware, Mr. Editor, that the suppression of this periodical secretion is generally supposed to arise from deficiency of action in the uterine vessels, which has led to the general practice of giving tonics, or diffusible and permanent stimulants. It is doubtful, however, as Dr. Murray remarks, whether there is further, any particular determination to these vessels; for although many substances, when received into the stomach, have their stimulant operation determined more particularly to one organ than another, yet experience has not hitherto proved, that any of the substances styled emmenagogues, are capable of producing their effect from any specific power. These remarks of Murray were certainly true when they were penned; the only medicines that could be at all relied on, being hydragric purgatives, which, from acting more particularly on the large intestines, communicated a stimulating effect to the vessels supplying the womb. Since his time, an indigenous vegetable substance, the *ergot*, or spurred rye, has been proved to exert its peculiar effects on the uterus; and your readers, by referring to No. 29 of "Medical Botany," will find a full account of its chemical and medical properties, accompanied by a botanical description of the plant. If *ergot* be capable of producing such extraordinary effects, I would ask, why we should despair of finding a *direct emmenagogue*, or a medicine capable of producing a flow of the menses by its own peculiar or specific action on the uterus? I am firmly convinced, that the *C. elidum* is possessed of such virtues; and those of your readers who may be inclined to try the extract in doses of from five to fifteen grains, given at bedtime, may obtain any quantity of Mr. Barnes, who has prepared several pounds of it. It must be borne in mind, that it does not succeed in plethoric habits, unless they have been reduced by venesection and saline

purging; nor is its success to be so often expected even then, as in the pale or cachectic patient.

77, Park Street, Grosvenor Square,  
Aug. 18th, 1829.

P.S. Mr. S. Fiske, of Saffron Walden, has been kind enough to send me a quantity of the roots of the genuine *crocus sativus*, from the old stock once cultivated at that place, for the saffron, I shall be happy to give any of your readers six roots, by applying before eleven in the morning.

#### EFFICACY OF IODINE IN BRONCHOCLE.

By W. G. EVERETT, Esq., Peckham.

JOHN KNIGHT, ~~aged~~ 20, tall, robust, and of fair complexion, had been for the last four years the subject of bronchocle. The growth of the tumour, during the first three years, was slow, and unaccompanied by any unpleasant symptom; its increase had, however, for the last few months, been more rapid, and attended with considerable pain, difficulty of respiration, and of deglutition, &c. He stated, that he was for some time an out-patient at St. Thomas's Hospital, and that blisters, antimonial, and a variety of other applications, were there employed, but afforded him only transient relief. The increase of the swelling had, since that time, been progressive, and was attended with distressing aggravation of all the symptoms. The difficulty of respiration had lately been so great, as to disable him from pursuing his employment, which was that of a gardener's labourer.

March 10, 1829. The tumour was at this time, of an oblong shape, about four inches in its long, and two inches in its short, diameter, and had every characteristic of bronchocle. The patient had had for some days a painful sense of constriction at the chest, with headach, and occasional vertigo; the pulse was sharp, and rather accelerated, and the tongue coated. After these symptoms were removed, by the exhibition of active cathartics, and the abstraction of blood from the tumour by leeches and cupping, the employment of the iodine was commenced. Of an ointment, containing the proportion of one drachm of the hydrate of potass to one ounce of prepared lard, a piece the size of a nut was ordered to be rubbed on the swelling for a quarter of an hour, or twenty minutes, three times a day; internally, half a grain of the same salt was taken in ellipic water three times a day; this quantity was progressively increased in the course of a fortnight to one grain and a half. At this time, in consequence of the supervention of headach, vertigo, nausea,

&c., it was discontinued, and leeches and purgatives were again resorted to. After the lapse of a few days, it was resumed in doses of one grain, gradually augmented to three grains three times a day; this quantity was taken for about a week, when the recurrence of the same symptoms again indicated the necessity for its suspension. After a short interval it was recommenced, but in consequence of the accession of considerable pulmonary irritation, was again discontinued, and active depletion was had recourse to. Under this treatment, the inflammatory symptoms soon subsided, and he was again enabled to resume the use of the iodine. From this period, nothing occurred to interrupt the progress of the case. The ointment in which the quantity of hydriodate of potash had been for some time increased to one drachm and a half, and now used in the proportion of two drachms of the salt, to one ounce of prepared lard, and three grains were taken three, and sometimes four times a day. He continued the employment of these remedies for several weeks, during which time the tumour rapidly diminished, and in fifteen weeks from the time that he commenced the use of the iodine, it had nearly disappeared. There remained only a slight degree of fullness about that part of the neck which had been occupied by the swelling, but it was so trifling as to be scarcely perceptible.

August 13th, 1829.

LITHONTRITIC CLAIMS OF DR. CIVIALE AND  
HEVRIELOUP.

To the Editor of THE LANCET.

SIR,—I concur in the opinion of your correspondent Mr. Costello, that the inventor of lithonitry merits the gratitude, not only of his own country and his own time, but of mankind in general; and I deem that the man who attempts to deprive him of the just fame resulting from his ~~work~~ <sup>invention</sup> equally deserves our detestation. With respect to the individual, however, to whom this honour is due, we are entirely at variance, and I feel confident that I shall be able to prove, to the satisfaction of your readers, that the claims of Dr. Civiale at least, however strongly they may be urged, are entirely without foundation.

As long ago as the month of March, 1813, Gruithuisen, a Bavarian surgeon, wrote an interesting paper in the *Medico-Chirurgical Gazette of Saltzbourg*, proposing various new chemical and mechanical means for destroying stones in the urinary bladder. The first of these was the directing a continual stream of water on the calculus, through

a silver tube, perfectly straight, fourteen inches in length, and about four lines in diameter. Into the principal tube was introduced another of the same metal, equally straight, eighteen inches long, and a line and a half in diameter. The column of water was to be impelled, through the inner canula directly on the stone, and to escape through the space between this and the outer canula. To introduce an energetic solvent, it was necessary to substitute a tube of platinum, horn, or ivory. If the fragments remaining after the action of the *jet d'eau* were too large to escape through the urethra, he suggested the possibility of introducing a spear-pointed iron rod, which he named the *brûle pierre*, into the outer canula, (after withdrawing the inner one,) for the purpose of comminuting them.

The next proposal of Gruithuisen was, to fix the stone by means of claws, and to act upon it with a trepan or drill-headed instrument. If, during the process, the stone should fall from the grasp, the perforator was to be withdrawn, and the bladder injected with warm water, in order to facilitate the re-prehension of the calculus.

The third suggestion was, the destruction of calculi by the action of a voltaic pile; the particulars of this process it is not necessary to detail here. In support of his theory, Gruithuisen published a plate, containing nine figures, illustrative of his proposed instruments, in No. 1810 of the *Medico-Chirurgical Gazette of Saltzbourg*, already alluded to. An examination of that plate must convince every one, that Gruithuisen had the merit of demonstrating the possibility of passing a straight catheter through the urethra, and of forming the first conception of the lithonitric instruments, which are now so celebrated.

The Royal Academy of Sciences, at their public sitting of the 16th of June, 1828, have given their judgment on the claims of Gruithuisen. "With the intention of doing the justice due to those who have assisted in the invention of lithonitry, and having ascertained that M. Gruithuisen projected, in 1813, a set of instruments, which showed the possibility of eventual success in crushing the stone in the bladder, and that he has repeatedly used on the living subject *straight staves of large calibre*, and, consequently, has an undoubted share in lithonitric invention, the commissioners have awarded to M. Gruithuisen a gold medal, of 1000 francs value."

It is clear from this extract, that M. Civiale had no share in the original conception of these instruments. With respect to the construction of the first instrument, it is unfortunate for Dr. Civiale, that no documents exist of his being acquainted with the lithonitric process in 1813, and the testi-

mony of the Royal Academy is again equally hostile to his pretensions. At the sitting of Monday, 6th June, 1826, the following titles of encouragement were distributed for surgery.

"To Dr. Civiale, who has published many important memoirs on lithontrity, or upon the means of breaking calculi in the urinary bladder, and who has performed, with success, the greatest number of operations on the living subject, a sum of 6000 francs.

"A sum of two thousand francs to each of the three physicians, whose names follow in alphabetical order. To M. Amussat, author of a remarkable memoir upon the structure of the canal of the urethra. To M. Heurteloup, author of a memoir upon the extraction of calculi by the urethra, and who has very ingeniously perfected the instruments adapted to this operation. To M. James Le Roy (d'Étiolles,) who published, in 1825, a work upon the same subject, and who was the first, in 1822, who made known the instruments which he invented, and which he has since attempted to improve." *Vide Programme des Prix décernés par l'Académie Royale des Sciences dans la séance publique du Lundi 5 Juin, 1826.*

Thus it appears, from this incontrovertible document, that 6000 francs were adjudged to M. Civiale, on account of his writings, and the number of successful operations which he had performed, and not because he was the inventor of the new method.

Evidence equally subversive of M. Civiale's claims, is afforded by a plate now extant, which was published in his work in 1823. In this plate is delineated the instrument really invented by M. Civiale, consisting of three branches not curved, and a perforator, and which, after a few trials, was found too dangerous to use. In April of the same year, M. Le Roy presented his "instrument à trois branches avec une force simple," to the Academy of Sciences, and this instrument is, excepting one or two trivial alterations, the exact counterpart of the one now used and exhibited by M. Civiale.

The success which attended M. Civiale in the long series of brilliant operations, in which Mr. Costello states he participated, may be best learned from M. Civiale's book. Of the eighty-two first patients treated by that gentleman, forty-eight were cured, thirty-one died, and three retain the stone.

Of the forty-eight successful cases, forty were cured by the lithontritic process; one, after having the stone ground, was lithotomised and recovered; four, after useless attempts, were also cut and recovered.

Of the thirty-one fatal cases, eight died after the mere lithontritic operation; two, after having been afterwards cut; four,

after suffering useless attempts at lithontrity, and subsequently undergoing lithotomy.

The remaining seventeen fatal cases were submitted to lithotomy or not, M. Civiale not thinking them favourable cases, on which to try the method of Gruthuizen.

According to M. Civiale's own statement, then, the operation of lithontrity presented much less favourable results than even that of lithotomy, and it was fairly to be inferred, that the instrument of Le Roy, as used by Civiale, required to be modified.

That M. le Baron de Heurteloup has succeeded in improving these instruments to an admirable degree, may be proved by strong testimony. The sentence of the commissioners of the Royal Academy of the 31st of June, 1826, has already been adduced. At the public sitting of the 16th June, 1828, when a prize of 3000 francs was awarded to M. Heurteloup, the commissioners, MM. Portal, Boyer, Chaptal, Duménil, Dulong, Gay-Lussac, de Mailville, Frédéric Carver, and Magendie, after subscribing in their report various improvements effected by M. Heurteloup, speak of M. Le Roy as being "the principal inventor of lithontritic instruments;" and continue, "but that M. Heurteloup has rendered them, with the assistance of his 'évideur,' capable of seizing and crushing, almost instantaneously, very large stones, which appears to us a considerable improvement." These instruments I have described, although imperfectly, in No. 309 of THE LANCET, but I have quoted the evidence of the commissioners in favour of the "évideur," because its introduction among lithontritic instruments, illustrated the new principle of excavation elicited by Baron Heurteloup. The contrivances of Gruthuizen, Le Roy, and Civiale, resolve themselves into the two principles of perforation and crushing, and it was reserved for M. Heurteloup, by the invention of his "évideur," to stamp an entirely new character on the operation, and to raise it to the utmost perfection of which it seems susceptible.

The observations which Mr. Costello has made on the instrument à virgule, the pince à forceps, and the brise coque, evidently show that he is utterly ignorant of their structure, and their purpose. That they are admirably adapted to meet every case, and that may occur in the lithontritic process, has been demonstrated to the satisfaction of

\* The fragments of the calculi, which are too large to come away with the urines, and which have a concave form on one side, caused by the eccentric action of the "évideur," are easily pulverised with an instrument which M. Heurteloup calls a *brise coque*.

every one who has witnessed the interesting manipulations of the Baron; and I doubt not, Mr. Costello, *when he shall have seen them*, will, in common with the commissioners of the Royal Academy of France, acknowledge their perfect efficiency.

Thus it appears, from the foregoing remarks, that the merit of original conception belongs to Gruithuisen; that of inventing the first available instrument, to M. Le Roy; that of performing the first successful operation, to M. Civiale; and, finally, that of perfecting the apparatus, to Baron Heurteloup.

Having thus endeavoured to answer satisfactorily the objections of Mr. Costello, I shall trespass on your time a little longer, and refer to a letter which appeared in a medical journal of last week, purporting to be written by a gentleman for whom I entertain the highest respect, and tending to throw discredit on the statements which I made in your journal on Baron Heurteloup's instrument. To the description of those instruments, Mr. White adduces no objection, but he states, that the details given of an operation performed in his house, were gratuitous and unwarranted. I am not aware of having detailed any case; the four lines which were inserted respecting the patient in question, referred to circumstances communicated to me by M. Gilbert, the Baron's assistant. The only error which existed in my statement, related to the result of the calculus. As this operation was the first of a series to be performed by M. Heurteloup, in illustration of his method of lithotomy, and to be published for the information of the medical public, it did not appear to me improper to assert, that the particulars of the case should appear in due time in any journal.

I am, Sir,  
Your obedient servant,

D. O. EDWARDS, M.R.C.S.  
Westminster Hospital, Aug. 12th, 1829.

#### CASE OF EXTRAORDINARY PHYSICAL DEVELOPMENT IN A BOY SIX YEARS OF AGE.

THE following remarkable instance of premature organic development is related in the last number of Brewster's Journal, by Mr. Smith, surgeon of Kingussie:—

J. M., the subject of the present case, was born at Kingussie, Inverness-shire, in the month of October, 1822. He is a natural son, and, from circumstances unnecessary to be mentioned, fell entirely under the care of his grandmother when he was about nine months old. He was nursed with his mother's milk eight months and a half only,

and, during the whole of that time, was fed also with spoon-meat, viz. porridge and milk, or small beer, twice a day. At the time of his birth he was rather a puny child, and showed no signs whatever of extraordinary growth, till he was at the age of six months, when his grandmother first observed his sexual organs to be unusually large. This she remembers well; because, afraid of this being made the subject of remark by the gossips in her neighbourhood, she warned her daughter not to expose or undress the child before them. The first time the attention of the writer of this paper was attracted to this boy was in the summer of 1826, when he accidentally saw the child naked, and was very much struck with the appearance of the sexual organs, which were certainly more developed, though he was not then quite four years old, than those of most young men at fourteen or fifteen years of age. The pubes, or rather the root of the penis at the pubes, was covered on the sides with long light coloured hair. No measurements were taken at that time.

At present, he is six years and two months old. His height 4 feet  $2\frac{1}{2}$  inches. He weighs 71 pounds avoirdupois, with his clothes on. The length of his body is remarkable, being 20 inches from the collar bone to the pubes; the length of the head, neck, and lower extremities being, consequently, 11 inches, 11 of which are occupied by the head and neck; so that the length of his lower extremities is only 19 inches, which is less than that of his body by an inch, a proportion entirely infantile. Round the lower part of his neck, he measures 14½ inches; round the head, immediately above the ears and eyebrows, 22½ inches; the height of his forehead is 2 inches; the length of his face, including forehead, 6½ inches. An extraordinary ridge runs up the middle of his forehead, in the line where the frontal bone is divided in the fetus into two equal parts, and which, in ordinary cases, is marked by a slight depression. The temporal ridge of the frontal bone also presents a peculiarity, having a hollow, not only on the side next the temple as usual, but also on the frontal side. The perpendicular height of the head, from the meatus externus of the ear to the top of the head, is 5 inches. The development of the fleshy parts of the thighs and legs, arms and forearms, particularly towards the upper part of each, gives a singular appearance to this boy, and suggests to the writer of this, the idea of the muscles having grown without a corresponding elongation of the bones. Hence the vasti externi, the deltoid, the biceps, and supinator muscles, appear like huge lumps towards the upper end of the bones. The penis and testes are as large as those of most men, if

not larger. The pubes is covered with black curly hair. He has also short dark coloured mustachios, but no hair on his chin. A sort of down, of the same light brown colour of the hair of his head, appears in the place of whiskers. His eyes are uncommonly sunk, and appear dull, and somewhat inanimate.

To render my observations in respect to the organic developments as complete as possible I measured the *facial angle*, and found it to be  $83^{\circ}$ . It is obvious that this angle must be much affected by the state of the frontal sinuses. In this boy, the uncommon projection of the upper parts of the orbits of the eyes, as well as of the lower part of the ridge running up the middle of the forehead, suggests the idea of uncommon largeness of the whole frontal sinuses; and this suggestion will be still further confirmed by the deep hollow tone of voice which this boy has, if, as is commonly thought, the enlargement of these sinuses is attended with that effect. If the quantity of brain in the upper and anterior part of the cavity of the cranium has any thing to do with the intellectual functions, as some appear to think, there is another angle, which it may be of still more importance to measure than the facial angle of Camper. The angle I mean is that which is formed by the meeting of a line drawn along the base of the brain, with another line drawn along the forehead, parallel to the inner table of the skull. This may be called the *basal-frontal angle*, and is found to vary considerably in different persons. In persons of undoubtedly great capacity, this angle has been found as high as  $110^{\circ}$  or  $114^{\circ}$ , while, in some of an opposite nature, it has been found as low as  $90^{\circ}$  to  $99^{\circ}$ . In J. M., the basal-frontal angle is  $90^{\circ}$ .

Having stated the principal organic developments of this extraordinary boy, we come now to what, in a philosophical point of view, is the most interesting part of the subject, namely, to inquire, whether or how far, these are accompanied by corresponding functional developments. On this head, we have endeavoured to collect every possible information—by our own personal observations—by reference to the teacher under whose tuition he has been for upwards of three months—by interrogating his grandmother—and by application to the neighbours, who have seen him almost daily from the time he began to walk. The results of these inquiries are,

1st. He has enjoyed almost uninterrupted good health from the time of his birth up to the present day. He sleeps soundly about nine hours in the twenty-four in summer, and eleven or twelve hours in winter. His natural functions are quite regular.

2d. He began to walk at or before the age of nine months. His strength is extraordi-

nary for his age, though not disproportionate to his muscularity. I saw him lately lift from the ground an anvil, weighing 146 pounds avoirdupois. A year ago, if not earlier, he could carry two stoups full of water for a considerable distance. He runs swiftly, though awkwardly. Though conscious, and even boastful of his strength, he shows no disposition to quarrel with or hurt children of the same age; on the contrary, he rather shuns than seeks contention. But when provoked, he beats with ease, boys twice his own age.

3d. His grandmother reports his temper to be exceedingly violent when he is opposed in his wishes; but says, that he is easily awed into submission by the rod. He has never exhibited any of that gaiety or playfulness of disposition that is common to children of his own time of life; nor does he join other children in their diversions, which may be partly owing to his own disinclination; partly to this, that he has never been looked upon as a fit associate by children of any age. From the circles of the younger he has been excluded, by reason of his disproportionate bulk and strength; and from that of the older, by his want of the necessary advances in intelligence, for, though his strength is immense, he certainly shows a decided want of skill to direct it.

4th. Till lately, he showed a great disposition to pilfering, and this without any apparent object, since he would frequently hide what he stole, and make no use of it afterwards. Sometimes he was tempted to steal by being bribed to it by other children. But this fault appears to have arisen from ignorance, as he has now, I am told, abandoned it entirely, since he has been made aware that stealing is a crime.

5th. I have been solemnly assured by his grandmother, and her report appears to be confirmed by all that I can learn from the neighbourhood, that he has never exhibited the slightest inclination towards the other sex.

6th. In regard to the progress of his intellectual faculties, he is, and ever has been, decidedly behind other children of the same age. He was two years old before he could speak the two easiest words in his mother tongue, (Gaelic,) and he has not yet acquired almost one word of English, though that is the language commonly spoken by the children about him. From these circumstances, and from the dulness of his look and evident inactivity of mind, he was long considered to be what is called a *born idiot*. He was three years old before he acquired the common use of words. About a month or two ago, on trial, I found that he did not, after three months anxious attendance at school, know more than two or three letters of the alphabet. Since that time his pro-

gress has been more decided. He has now acquired all the letters.

7th. He is regular, if I may depend upon his grandmother's account, in his devotional exercises. He says his prayers night and morning, is fond of going to church, and proves that he is attentive there, by repeating such parts of the clergyman's discourse as a child might be expected to notice.

It only remains to mention, that this boy has ever been in a state of the most extreme poverty. He has been indebted to the inhabitants of the village, for every morsel of bread he has eaten, and for the rags that barely suffice to cover his nakedness. He has never, as far as I know, worn shoes or stockings, and is seen in winter, as well as summer, going bare-footed and bare-legged, without appearing to suffer from the inclemency of the weather.

The paper concludes with some observations on the causes of organic precocity, which the writer believes are to be found in a principle that "pervades the whole functional department of the human system." The leading functions, mental as well as bodily, he thinks, may be reduced to three:—the *constructive*, the *intellectual*, and the *reproductive*; and if any one of the functions be employed in excess, a corresponding deficiency will be found in the usual exercise of the others!

#### ANIMALS CONSUMING THEIR OWN FÆCES NOT CHARACTERISTIC OF RABIES.

To the Editor of THE LANCET.

SIR,—Your excellent and instructive pages have lately contained a few communications relative to rabies in quadrupeds, tending to show that animals thus affected consume their own excrement, litter, &c., a circumstance which your correspondents consider as characteristic of that disease. Deeming this assumption erroneous, it is simply with a view of preventing any wrong impression from being incautiously spread, that I communicate the subsequent case, which occurred to me a few years ago, whilst residing in a different part of the country. One morning I received a very hearty message to visit a young lady, who had been bitten by her father's dog, which was supposed to be rabid. On my arrival, the patient and her friends were in great trepidation. I expressed a wish to see the dog, and was accompanied to the stable where he was kept. The dog was lying on his bed

listlessly, with a dull eye, palpitations, hot breath, and tongue, which was dry and hot, half protruded. The dryness might have been occasioned by the action of the stomatophoric sir on the tongue. No symptoms of fretfulness were manifested. I requested that some water might be given him; he drank most heartily, and appeared in every respect better for it. I saw him again the following day, when he was considerably worse, with a wild eye, and snarlish; he died the next day. The *post-mortem* investigation was conducted by a friend and myself. The time which has elapsed since the examination of the body, prevents me from giving a detailed description. There were, however, two remarkable circumstances which remain forcibly impressed on my memory. The stomach was found greatly distended, and, when opened, emitted a most intolerable stench, arising from its contents, which were straw and excrement. The mucous lining of the stomach presented no particular appearance, except that it might be considered redder than in its natural state; this was also the state of the oesophagus. The vessels of the brain and membranes were gorged to the utmost; effusion had taken place, and every trace of active inflammation having affected the brain, was apparent. During the delirium of the animal, he had, indeed, devoured his own fæces and bedding, and indiscriminately any substance immediately contiguous. I have been since informed, by an intelligent breeder and trainer of dogs, that it is no unusual circumstance for dogs to eat their own dung, when afflicted by an active disease of the nervous system.

From these statements, Sir, it is quite clear, that the fact of animals consuming their own excrement is neither of peculiar occurrence nor characteristic of hydrophobia. The pig case, communicated by your intelligent correspondent of Tickhill, is evidently, from his own showing, one of this description, and not a case of rabies.

I am, Sir,

Your very obedient servant,

CHIRURGUS.

Doncaster, August 18, 1829.

#### SINGULAR RECOVERY FROM A VIOLENT ACCIDENT.

To the Editor of THE LANCET.

SIR,—I send you the following as a somewhat interesting case:—Master Y., ætatis five, a healthy child, was negligently crossing the road on the afternoon of July 29th, at the time a heavy two-wheel cart was approaching at a rapid pace, and which he did

not perceive. He was, in consequence, thrown down by the horse, and placed beneath the wheel, which passed over his body:—about the situation of his epigastrium. This fact was attested by four persons, present at the time, as I shall presently mention. The child was stunned at the moment, and taken to his home, which was close at hand. I was immediately sent for and found him crying, perfectly sensible, and complaining of acute pain, which was increased considerably on pressure, just beneath the floating ribs of the left hypochondrium, with considerable tenderness also over the upper part of the abdomen.

After very careful examination, I found he was free from dislocation and fracture. His right cheek was grazed, and his shoulder, &c. bruised, but he complained of no pain on pressure of any part of his spinal column, the whole course of which I examined attentively. From the nature of the accident, I should have suspected this, *a priori*, to have been the seat of injury, but I was led to a more minute inquiry respecting its state, by noticing an *involuntary discharge of urine* shortly after my arrival. He subsequently, however, voided it again at my request, and had the free use, &c. of his lower limbs. Pulse 120, sharp; skin hot; thirsty; comatose.

*Tenesmion to faintness.*

*Castor oil and infusion of senna, until free evacuations are procured.*

*Twelve leeches to the abdomen and spine. Saline mixture every two hours.*

The child recovered without a bad symptom.

Now, in order to assure myself that the wheel of the cart *really did pass* over the child's body, I made very particular inquiries of those who saw the accident occur. Two gentlemen, present at the time, declared *positively* to the mother, that they distinctly *saw* the wheel pass over his body, at about the pit of his stomach. A lad, living in the neighbourhood, of about the age of 13 or 14, maintained to me, that he saw the same *distinctly*. But above all, the brother of the child, aged about twelve years, in whose care he was sent from home, when questioned by me at the moment of the accident, *persisted*, in the presence of his mother, (of whose displeasure he was evidently apprehensive,) that such *was* the fact, and this at a moment when the tears he shed sufficiently indicated the pleasure with which he would have stated the contrary, had he been able. In conclusion, the child himself describes his sensations to have been those of a *heavy trunk* having been placed upon his body, which leaves, I think, but little doubt of the fact having occurred.

I have dwelt thus long on the evidence relating to the accident, as alone imparting an interest to the case, which, with many others I have witnessed of like character, has, in my mind, established it as a valuable *monstrum*, that an accident derives its importance, not from its nature, but merely from the symptoms consequent upon its receipt.

I am, Sir, yours, &c.

Aug. 10, 1829.

K.

#### MR. KEY'S BROKEN PROMISES.

*To the Editor of THE LANCET.*

SIR,—Mr. Key, in his introductory lecture of the last course at Guy's Hospital, promised to bestow a prize on the pupil, who, at a public examination, should evince the most extensive acquaintance with surgery. Towards the conclusion of the lectures, Mr. Key promised to announce the day for that examination, but he has not since said a word to his class upon the subject. This delay of Mr. Key, (now of three months' duration,) and his neglecting to state positively his intention, either to fulfil his promise, or not give a prize at all, have caused two or three gentlemen to remain in town expressly for the purpose of competing for what the lecturer had called his reward for diligence, but they have remained here three months to no purpose. Had Mr. Key been the *only* person connected with this omission, I should have deemed his conduct beneath public notice, but I am surprised that Mr. Morgan should acquiesce in such unjustifiable conduct. Has he also no respect for his veracity, so wish to requite the laudable exertions of his pupils? Can he also hold forth to young men inducements to exert themselves to the utmost, disappoint their expectations, and then consider them to be not of sufficient consequence to require an explanation, or an apology? What pupil will be found another season willing to contend for the prize, when he is informed of such conduct? Should Messrs. Key and Morgan decline giving a prize this year, its announcement at the next introductory lecture will only be considered as a species of puff to induce students to enter. It is to be hoped that the pupils of Guy's will not tacitly submit to such conduct, or allow their rights, both as pupils and gentlemen, to be thus infringed, without manifesting some mark of disapprobation.

I remain, Sir,

Your obedient servant,

A SURGICAL PUPIL.

Crosby Row, Aug. 11.

*An Essay on the Diseases of the Jaws, and their Treatment, with Observations on the Amputation of a part, or the whole, of the inferior Maxilla; tending to prove that such Operation is seldom, if ever, necessary. With Two Plates. By LEONARD KOECKER, Surgeon-Dentist, Doctor in Medicine and Surgery, &c. London. Underwood. 1823. 8vo. pp. 95.*

THIS "Essay" is an advertisement of the pretensions to public regard of Leonard Koecker, M.D. and Dentist, and consists of ninety-five loosely printed pages, ten of which are occupied with the title-page, dedication, preface, and table of contents. The letter-press might be comprised in considerably less than a single Number of THE LANCET, and the subject-matter in three of its pages. After some lengthy preliminary remarks, which would do honour to the sparkling pages of the *Gangrenous Sprout*, the author arranges his subject under the following heads:—Physiological and pathological remarks on the jaws; symptoms of the diseases of the jaws; causes of the diseases of the jaws; inflammation and suppuration of the jaws; fistulous perforations, and abscesses of the jaws; melanosis, or cancerous, affections of the jaws; myxomatous, sarcomatous, fungoid, and osteosarcomatous tumours and excrescences of the jaws, and treatment of the diseases of the jaws.

In the preliminary Remarks, the author ventures some strictures on the opinions of John Hunter and Fox, with regard to the origin of these diseases.

The maladies of the maxillary bones are—

"Frequently regarded as incurable, and, consequently, too often neglected at their commencement, or improperly treated in their advanced stages, and are thus suffered to proceed in their destructive progress towards a painful and fatal termination. It is probable, that these unfortunate results are, in many instances, attributable to erroneous views of the nature of the diseased structures; as an instance of this, it may be stated, that Mr. John Hunter, when treating of the disease of the maxillary antrum in his *Natural History of the Teeth*, being probably misled by his well-known theory of the organisation of the teeth, inclines to an opinion that these diseases originate from

an obliteration of the duct leading to the nose, whereas, accurate observation shows that the closure of the opening in question is the consequence, and not the cause, of the inflammation of the antrum. That Mr. Hunter's opinion is erroneous, is farther proved by the fact, that a similar disease occasionally affects the lower jaw, and with respect to which he is entirely silent."

Mr. Fox regards the disease in the same light as Mr. Hunter, and, in his *Natural History of the Teeth*, he says,—

"Inflammation in the antrum is often occasioned by diseases of the teeth, but it also occurs when the teeth are quite sound. Sometimes, in examining the prepared bones of the head, one or more fangs of the large molares may be found passing into the cavity. In such a case, inflammation excited by a diseased tooth is speedily communicated to the membrane lining the cavity and causes suppuration. These views, (says Dr. Koecker) which constitute the groundwork of his surgical treatment of such diseases, are unquestionably erroneous, which is the more surprising when we consider that they are contradictory to his own theory of the vitality of the teeth. The fangs of the large grinders, or indeed of any other tooth, never enter into the cavity of the jaw in the living subject, so long as they are possessed of vitality. Such appearances, observable in anatomical preparations, result from the bony structure surrounding the points of these fangs having been destroyed by the boiling or maceration in acids, or other processes, to which the maxilla had been subjected in order to clean them from their soft parts."

"He believes, with Mr. Hunter, that in some instances, the disease may be produced by the obliteration of the duct leading from the nose to the maxillary cavity, even when the teeth are perfectly sound, but advances no satisfactory reason or proof to establish such an opinion. For my own part, I am perfectly convinced that such an opinion is not consonant with fact, and that these diseases cannot exist without being brought on by some previous disease, or disorder of the teeth, or of the parts immediately related to them. As far as my own experience extends, I have never failed, on a minute and careful investigation of the original symptoms, to find this opinion of the causes of the disease satisfactorily confirmed. All the various affections of the jaw which Mr. Fox has either seen or related, and of which he gives us more or less perfect engravings and histories, may be presumed to have taken their origin from some disordered state of the teeth, or from the local irritation produced by dead teeth or roots, or from disease and irregularity in their rela-

tive parts. The treatment recommended by Mr. Fox, like that of Mr. Hunter, will always be inefficient, unless the disease is in its incipient state, and the tooth, which he recommends to be extracted, the exclusive or principal exciting cause; in this case, that operation which is the most, and sometimes the only useful part of the whole treatment, may afford nature the necessary assistance to effect a cure of the malady, notwithstanding the counteractions produced by pernicious operations and remedies. These are, however, instances of rare occurrence. In a more advanced state, the extraction of the tooth is merely palliative, and the parts remain predisposed to a dangerous relapse. Hence the frequent recurrence of the disease after surgical treatment; hence the reluctance of surgeons and dentists to interfere in such cases; and hence the general neglect of proper treatment in their early stages."

The author having endeavoured to invalidate the conclusions of his predecessors, acts on the currier's maxim, and attempts to prove, that the various diseases of the maxilla arise entirely from disorder of the teeth, and are only to be cured in their early stages by an appeal to the forceps. That dead stumps and carious teeth often excite, and always aggravate, maxillary and facial maladies, we think, may be fairly shown; but the author has to remember, that the origin of their painful, and sometimes enduring affections, is not necessarily confined to the bony tissue; numerous instances are extant in the records of medicine, and many more in the recollections of practitioners, of disease indubitably taking birth in the mucous membrane, and spreading to the adjacent bones.

Mr. Hunter and Mr. Fox do not assert, that disease of the antrum and upper maxilla, invariably commences in the mucous lining; they admit that carious teeth may occasionally produce it. How then can the occurrence of disease in the inferior maxilla militate against Mr. Hunter's opinion, that in the upper jaw it frequently originates in the Schneiderian membrane?

Under the head "Physiological and Pathological Remarks," we find the following relevant observations:—

"That the upper and under jaws are equally subject to the diseases in question, is sufficiently evident from the cases related by Mr. Fox, in his Natural History of the Teeth, as well as from general experience;

nor do they seem to be less dangerous in the one than in the other; nor to differ materially in their progress of ravage and destruction; for, while it may be justly supposed that this progress in the upper jaw is facilitated by its greater vascularity and more spongy structure, it must also be considered that this difference of structure, as well as the situation of the upper jaw, affords a greater chance of natural palliation, by the more convenient absorption or discharge of the matter formed by the disease; and while the more dense osseous construction of the under maxilla, and the greater activity of the absorbents in one way, retards the progress of the malady; from the lesser curative activity possessed by these parts, and their inconvenient situation for the discharge of the matter, it is less counteracted by the former, and more aggravated by the latter, in the under than in the upper jaw. In the same way we may account for the fact, that when the upper jaw is affected, the soft parts connected with the disease more frequently terminate in cancerous ulcerations without much tumefaction; while in the under jaw, sarcomatous and osteo-sarcomatous tumours are more liable to occur, and ultimately prove fatal by the superaddition of carcinoma. Such tumours ought always to be regarded as consequences of some other primary affections, the tumefaction taking place at any period of the primary disease; and it is probable that the sooner or later occurrence of the swelling, or the formation of excrescences, depends as much upon the state of the constitution, as on the local affection itself. In delicate, but otherwise not vitiated constitutions, the bones are much less dense in their structure; and the disease more generally proceeds in a chronic state, than in those that are strong and robust; the matter perforates the bony structure with more facility, and is discharged sooner, and more conveniently; and the disease is thereby constantly relieving itself when arrived at an acute state, and returns to its chronic form; and thus tumefaction is much retarded. It is in this form that the diseases of the jaws are observed most frequently to proceed in the United States, and perhaps also in all other warm climates."

The symptoms of these diseases are very laconically treated.

"The symptoms accompanying the maladies of these structures are similar to those occasioned by dead roots, and teeth, or by affections of the alveoli and periosteum; they do not materially differ in the different stages and forms of the diseases, except in the degree of their violence. The pain being more influenced by general or local

causes of excitement, than by the chronic inflammation itself, can scarcely serve as a criterion of the state of the disease, or for its treatment; it is of a chronic nature, generally situated in the affected parts, but sometimes extending itself, more or less, to all the other parts of the mouth and head; as the alveoli, gums, and living teeth, the ears, the eyes, and, when accompanied with fever, to the forehead of the head, and occasionally to distant parts of the body; in some instances, the parts more immediately affected suffer from pain of a lancinating character."

The proximate causes of these diseases are stated to be—*inflammation, suppuration, and mortification, commencing in the alveoli and the periosteum.* The exciting causes—all diseases of the teeth, alveoli, periosteum, and gums; *dead and loose teeth, and decayed roots, or stumps of teeth, and tartar, causes connected with derangement of constitution; improprieties arising from excess or deficiency; the abuse of wine or spirits; powerful medicines, e. g. henbane, hemlock, and mercury, in judiciously given; local predisposing causes; a peculiar formation of the maxilla and teeth; soft structure of the former; unusual length, curved form, and inconvenient situation of the fangs, producing mechanical irritation during mastication.* To these are added a variety of others, arising from accident, or maltreatment."

When affections of the jaw are neglected in their early stages, they gradually assume a more serious form; the inflammation is communicated from the alveoli to the jaw, the soft parts become tumefied, and suppuration takes place. A long continuance of the inflammatory action gradually affects the lining membrane of the maxillary cavity, the absorbents lose their energy, the cavity is filled with matter, which soon becomes fetid, and the cellular structure carious.

In the upper jaw, the matter generally perforates the outside of the gums, or makes its way below the cheek-bone to the surface. In the under jaw, the disease very frequently produces a fistulous opening through the bony structure and gums, and, at a later period, it perforates the under edge of the jaw, and the pus is discharged externally.

In good constitutions, carious teeth may remain in the mouth for years, without producing any unpleasant effects. It is when

the general health is affected from any cause, that the neighbouring parts become susceptible of being acted upon by these irritants, and various forms and degrees of disease are "bodied forth" by the modifying power of a disordered constitution. Large excrescences are formed on the maxillary bones of a soft fleshy cellular structure, or of a spongy and osseous nature, filled with matter, and forming polypi, or exostoses. When occupying the upper jaws, these tumours sometimes grow to a large size, and occasion much deformity. In the inferior mandible, they are often of a spongy or osteo-sarcomatous kind, and frequently attain an enormous bulk. If these maladies are not arrested in their progress by proper treatment, they either become cancerous, and thus terminate fatally, or predispose to other diseases, and so assist in destroying the patient.

The treatment of these diseases is either local, or constitutional. The local treatment consists in removing all irritating causes, and in applying such soothing, or gently stimulating remedies, as the nature or stage of the complaint requires. The constitutional treatment need not be detailed here. Of the treatment of these diseases, in an aggravated state, the author says:—

"In such cases it is particularly requisite that all teeth should be removed from those parts of the jaw whence the disease originates, and from both sides of the tumour, so far as the bony structure of the maxilla is morbidly affected, even though they should be perfectly sound in their bony structure. And it is hardly necessary to add, although it is of no small importance, that the utmost care should be observed to use the least possible violence, and to cause as little irritation and pain as possible in performing all the dental operations. If the diseases should be accompanied by oedematous and sarcomatous polypi, or tumours, the restoration of healthy action, by the perfect removal of the morbid causes, combined with the other remedy already recommended, will not unfrequently cause them to slough away without any other operation; should nature, however, not be sufficiently active in her curative efforts, they may be removed either by the knife, forceps, or scissors, without any danger of a recurrence. Should the tumour be of a spongy or osseous nature, exostosis, or osteo-sarcoma; I would advise that it be not interfered with, until it is found

that nature is not able to remove it, or until the general healthy action of the mouth, and the whole system shall have been, to a certain degree, restored, after which it may be extirpated by the most convenient surgical means."

In conclusion, we have to observe, that whatever is really useful in this work, might be condensed into a very few pages. Dr. Koecker would have deserved better of the profession, if, instead of endeavouring to puff out the few facts he has collected into a volume, he had compressed them into an article for some periodical. The two plates at the end serve no purpose but that of increasing the bulk of the book, and if the doctor uses his forceps as needlessly as he does his pen, he will have as few patients to operate upon, as he will obtain readers of his work.

#### ADULTERATION OF BREAD.

We have received several letters on this subject, but want of room renders it impossible for us to insert a tenth of them. One correspondent proposes, as the best mode of checking the use of alum in the manufacture of bread, that government should impose a heavy duty on that article. He hands us the following as the "formula of the London bakers":—"Flour, 37½ lbs.; potatoes, 15 lbs.; salt, 4 lbs.; alum, 1 lb.; according to which, every quarter loaf contains a drachm of alum; thus, at the rate of one pound of bread a day, each consumer swallows 105 grains of alum a week. "Thus," he adds, "is no other than poisoning by slow degrees, and though the symptoms, languor, headache, constipation, &c., may not be noticed after a certain time, it undoubtedly lays the foundation for constitutional disease in thousands."

Another correspondent considers the baker to be less blameable than the public, whose foolish taste it is to prefer "the bread that is whitest." "It is a very common thing," observes Philo-pania, "for both mistresses and maids to exclaim, 'Lord, baker, how brown your bread is to-day!'" The latter, accordingly, puts alum into his loaves, as apothecaries put colouring matter into saline draughts, and lump sugar into powders, to humour the palates of a discerning public. I can assure 'Panis,' (he adds) that if home-made bread would satisfy the people, the baker would most gladly produce it, it would release him from the never-ceasing anxiety that he now feels for the 'beauty' of his bread, as well as from much of the demora-

lising night-work occasioned by the present system of bread-making. To please his customers, it is not enough that the bread be sweet, light, well-baked, and substantial, it must be white, flaky, and silky in the crumb, qualities alone resulting from art and labour during a process of sixteen hours. Spoiled, however, as the bakers are by this white-bread craving of the public, there is much bread sold in London that has not a particle of alum in it; but then the price is high, for it is made of the best flour. Most people choose a cheap loaf; the cheap loaf is of course made of cheap flour, which, to produce a white and firm loaf, must have a large dose of alum mixed with it." After condemning as very irrational the unqualified terms in which the London bread is deprecated, he concludes, by observing, that "alum is sometimes the great benefit in the preparation of bread, and laws to prevent its use entirely would be about as wise as—Whereas divers men and women become beasts by drinking excessively of wine, porter, and spirits, and bring themselves prematurely to the grave, it is therefore enacted, that no person or persons shall ferment, or distil, or make any of the said deleterious or unwholesome articles, under a penalty of so and so."

#### RULES RECOMMENDED TO BE OBSERVED AT THE LONDON FEVER HOSPITAL IN CASES OF CONTAGIOUS FEVER.

FRESH air in the patient's room is indispensable, so that the bed is therefore, keep a window partly open day and night, care being taken to prevent the wind from blowing directly on the patient's bed. Cleanliness is of the utmost importance; the patient's linen should be often changed, and the dirty clothes first put into fresh cold water, and then well washed. Cleanse the floor of the room every day with a wet mop: immediately remove all discharges, and cleanse the stomach. Nurses and attendants should avoid the patient's breath, and stand on that side of the room from which the current of air comes, and carries off the noxious vapours. Many visitors will injure the patient; and no one must stay long in the room, and on quitting should avoid swallowing their spittle, and clear the mouth and nostrils. Vinegar, camphor, &c. are useless without attention to cleanliness and fresh air. Fumigate the room once or twice a day in the following manner.—Mix an equal quantity of nitre and vitriolic acid in a tea cup, stirring it now and then with a tobacco pipe, or piece of glass; remove the tea cup occasionally to different parts of the room. With these precautions, fever will seldom, if ever, spread.

## THE LANCET.

London, Saturday, August 23, 1829.

THERE are none so deaf as those who *will not hear*;" and, it may well be added, that there are none so stupid as those who *"will not understand."* It is still asserted by many persons, that the Council of the College *cannot* be made to answer for any of its misdeeds in our courts of law. Some heads are proof against both reason and fact, and prejudice in others completely outweighs the judgment. The extract, which we inserted from the charter in our last Number, we hoped and expected would have settled the question; but the doubts and fears entertained by several of our correspondents, and the impudent vauntings of a few of the members of the Council, have induced us to resume the subject. We have already argued the question as a matter of law, and we shall now take it up as a question of fact. It will be admitted, we apprehend, that what has been done, may be done again, and even without difficulty, especially if the instruments with which it was accomplished at first, remain in the same order, and are still available. The Council has been called into the Court of King's Bench by a writ of *mandamus* more than once; but previously to inserting any particular account of these cases, it may be well to make the reader acquainted with the law relating to corporations and colleges, as we find it laid down by Blackstone, no mean authority, in his admirable "*Commentaries*."

"The general duties of all bodies politic, considered in their corporate capacity, may, like those of natural persons, be reduced to this single one: that of acting up to the end or design, whatever it be, for which they were created by their founder. I proceed, therefore, next to inquire, how these corporations may be visited? For corporations being composed of individuals subject to human frailties, are liable, as well as private persons, to deviate from the end of their insti-

tution, and for that reason the LAW has provided proper persons to visit, inquire into, and correct, all irregularities that arise in such corporations, either sole or aggregate, and whether ecclesiastical, civil, or eleemosynary. I know it is generally said, that civil corporations are subject to no visitation, but merely to the common law of the land; and this shall be presently explained. The founder of all corporations, in the strictest and original sense, is the KING alone, for he only can incorporate a society; and in civil incorporations, such as mayor and commonalty, &c., where there are no possessions or endowments given to the body, there is no other founder but the KING; but, in eleemosynary foundations, such as colleges and hospitals, where there is an endowment of lands, the LAW distinguishes, and makes two species of foundation; the one *fundatio incipiens*, or the incorporation, in which sense the KING is the general founder of all colleges and hospitals, and the other *fundatio perficiens*, in which sense the first gift of the revenues is the foundation, and he who gives them is, in law, the founder; and it is in this last sense that we generally call a man the founder of a college or hospital. But here the KING has his prerogative; for, if a KING and a private man join in endowing an eleemosynary foundation, the king alone shall be the founder of it. And, in general, the KING being the sole founder of all civil corporations, and the endower the perfect founder of all eleemosynary ones, the right of visitation of the former results, according to the rule laid down, to the KING, and the latter to the patron or endower.

The KING being thus constituted by the LAW, visitor of all civil corporations, the law has also appointed the place wherein he shall exercise this jurisdiction; which is, the COURT OF KING'S BENCH; where, and *where only*, all misbehaviours of this kind of corporations are inquired into and redressed, and their controversies decided. And this is what I understand to be the meaning of our lawyers, when they say that these civil corporations are liable to no visitation; that is, that the law having, by immemorial usage, appointed them to be visited and inspected by the King their founder, in his Majesty's Court of King's Bench, according to the rules of the common law, they ought not to be visited elsewhere, or by any other authority. And this is so strictly true, that though the king, by his letters patent, had subjected the *College of Physicians* to the visitation of four very respectable persons, the lord chancellor, the two chief justices, and the chief baron; though the College had accepted their charter with all possible marks of acquiescence, and had acted under it for near a century; yet, in 1753, the authority of this provision

coming in dispute, on an appeal preferred to these supposed visitors, they directed the legality of their own appointment to be argued; and as this College was merely a civil, and not an *eleemosynary* foundation, they at length determined, upon several days solemn debate, that they had no jurisdiction as visitors, and remitted the appellant, if aggrieved, to his usual remedy in his Majesty's Court of King's Bench."

Nothing can be more clear, or conclusive, than the law as here described by this celebrated legal authority; and, accordingly, we find, that the College of Surgeons, in two instances, has been made to appear as defendant in the Court of King's Bench. There may be many other cases in the books, but we have not time to refer to them; these, however, are ample for the object we have in view. The first case will be found in Burrows' Reports, *Rex v. College of Surgeons* in London. A mandamus was obtained by Mr. Richard Guy, a member of the College, to make them show cause, why they refused to bind Melmoth Guy, his son, aged fifteen years, to be his apprentice for seven years, "to be educated and instructed in the art, science, and mystery of surgery; and the Court directed that the College should immediately permit the said Melmoth Guy to be admitted and bound, before them or some of them, an apprentice to the said Richard Guy, for the term aforesaid, in the said art, science, or mystery, or show cause to the contrary." The College showed cause against the rule, and in their "return" alleged, "that the said Melmoth Guy, when he was presented to be bound before the master and wardens, did not understand the Latin tongue, but was utterly ignorant of the same, and that the said Melmoth Guy had not at any time, since he was so examined, again offered himself or been presented to the said Company or Governors, to them or any of them, for the time being, to be again tried as to

his ability in the Latin tongue." After a short argument, the return was allowed.

The second case\* is of more recent date, and involves some very interesting points. The following is a brief statement of the facts, as they were related in court.

*Court of King's Bench, Westminster,  
Nov. 27th, 1820.*

Mr. CHITTY moved for a rule to show cause why a writ of *mandamus* should not issue, directed to the master, governors, and company of the Royal College of Surgeons in London, otherwise the community of the art and science of surgeons of London, to compel them to print and publish the name and residence of Mr. Rees Price, a member of their body, in their town and general list of members, and why they should not deliver to Mr. Price from time to time such lists, notices of orations, lectures, meetings, and assemblies, as are usually delivered to members residing in or within the distance of seven miles from the said city of London,

Mr. Chitty said, he made this application upon the affidavit of Mr. Price, which stated, that he was examined and admitted a member on the 30th of April, 1804, and a diploma, a copy of which was thereunto annexed, granted him. That he had paid, on that occasion, and for a prior examination as principal surgeon for the sea service, fees to a larger amount than is required to be paid by members residing in London; and their own by-laws direct, that any fees so paid for examination for a certificate of qualification as principal surgeon for any service, should be deducted out of the fees to be paid by a member; still they had refused or neglected to place his name on the town list, unless he would pay a further sum of money.

The affidavit then went on to impute gross misconduct against the officer of the College, whose business it is to regulate the general list of members (town and country) for publication. It stated, that Mr. Price called at the College when the list was under correction for the present year, and was informed by this person that his name

\* Vide Blackstone's Commentaries, article "Corporations and Colleges."

\* This case is alluded to in the letter of "Burrts."

was crossed out, on account of a return of his death made by the medical department of the victualling office. Mr. Price, however, convinced him *in propria persona*, that this was a mistake, and said it must be his namesake, Mr. Rees Price, of Caermarthen, as he had not been in the navy for many years. The officer corrected the error in Mr. Price's presence, as the list was not then gone to press; but, at the same, said in an insolent tone, "But suppose we like to leave your name out of the list, how will you help yourself? We have left out the names of more than fifty members, and they can get no redress!" And accordingly, on the publication of this list, Mr. Price found his name omitted, and that of his deceased namesake retained, which Mr. Price stated he had no doubt was intended as an evasion and personal insult.

The affidavit also stated, that the College print these lists, or supplements thereof, annually, and advertise them for sale, as containing lists of *all* the members.

Mr. Justice Baser made several inquiries relative to the constitution and management of the College.

*Rule to show cause on the first day of next term GRANTED.*

The discussion in Court ended here, for the poor council, with bended knees, complied with the demands of the plaintiff, and also paid his costs; and from that year, the annual tax of one pound, which had been imposed upon every ~~member~~ resident within seven miles of the College, has been discontinued; and the diplomas for London, which had been charged at thirty-two guineas each, have since been sold at the reduced price of twenty-two guineas. Mr. Price acted with great spirit in this affair, and he is entitled to the thanks of the profession.

Enough has now been said to convince the most sceptical, that a writ of *mandamus* would speedily have the effect of driving the Council to answer for some of its misdeeds in the Court of King's Bench. Should there be any persons who, with asinine obstinacy, still assert the contrary, we have no more to say to them on the subject. They are not composed of penetrable materials,

or they are of the number who "*will not understand.*"

The abuses, however, which the members can call upon the Council to remedy in our courts of *law*, are only as drops to the ocean; and it should ever be borne in mind, that it is the law itself, or, in other words, the Charter under which they exercise their authority, which is the *URAS* against which all the efforts of the surgical reformers should be unceasingly directed. The reform, to be effectual, must be radical. The axe must be applied to the root of this noxious, baneful, and hateful tree. All else is useless. The jurisdiction of the Court of King's Bench can be of little or no avail, while the members of the Council are permitted to transact the whole of their affairs in private—to apply the funds to their own use—to withhold their account-books from the members—to continue in office for life, and, worse than all, to fill up vacancies in their own body. This mode of election is subversive of every common right, destructive to every principle of social order, and can lead to nothing but insult and robbery.

Great, however, as are the pernicious powers wielded by the College, we contend it has no legal control over any hospital in the kingdom; but we have again occupied so much of our space with legal matters, that we have no room for discussing the illegality of the College "regulations." We shall touch upon this point next week.

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At page 662 will be found a prospectus of an Institution, to be entitled the "British College of Surgeons in London." The idea is not a new one, as an institution, to be founded on similar principles, was long since proposed by Mr. LAWRENCE, and also in the pages of this Journal; conditionally, however, that the Surgical Reformers failed in their application to Parliament. That failure has not yet occurred.

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## FINSBURY DISPENSARY.

Dr. C. M. Kind, of the University of Leipzig, a gentleman of great learning, and of very extensive practical experience in his profession, has been unanimously elected to the office of physician in this Institution.

## OPERATION FOR THE REMOVAL OF A SIXPENCE FROM THE AIR-PASSAGES.

We have received numerous inquiries respecting an operation performed by Mr. Key at Camberwell, for the removal of a sixpence from the right bronchus; and the case having, as we understand, excited the most intense interest, from the comparative novelty of the proceeding, as well as from the unfortunate circumstance of the patient having died under the operation, we have taken care to obtain possession of the facts from an *authentic* source. They are as follows:—

John Hughes, a publican of Camberwell, *ætat* 35, tall, and rather thin, subject to gout, was standing, on the 6th of April, with his child in his arms, having between his teeth a sixpence, for which he was about to give change; in the act of speaking, the piece of money passed down the throat, when he immediately fell back, struggling for breath, and unconsciously dropped the child. After a few moments, during which he made the most violent efforts to respire, his breathing became easy, and he only complained of a disposition to cough, and a slight sense of constriction and soreness across the chest; these symptoms continuing for two days, he was *blest* with relief, but he was unable to stoop forward, or to lie with his head low, without exciting cough; and he said that at such times he felt a sensation in the chest, as though, to use his own expression, 'something were hanging there.' The circumstance of the sixpence not having passed the bowels, although a month had elapsed, and the occasional recurrence of the inflammatory symptoms, suggested the idea that the sixpence had passed into the trachea. A consultation was held, and all present were of opinion, that the sixpence was undoubtedly in the air-passages; and considering that the presence of such a foreign body, by occasioning frequent attacks of inflammation, would, ultimately, destroy life; an operation for its removal was determined on. This was in the month of May, about five weeks after the accident. An incision was made between

the thyroid and cricoid cartilages, and a long probe being introduced, the larynx and trachea were sounded, but without finding the object of research. In passing the instrument upwards, great irritation and coughing were excited, but very much less when it was passed downwards. The operation was productive of no further inconvenience to the patient, and the wound rapidly cicatrised. He was soon afterwards attacked by gout in both feet, by which, as well as by the previous treatment for the inflammatory symptoms, his strength was a good deal reduced. On the 24th of June, he had an attack of hæmoptysis to a small extent, which ceased on the abstraction of blood from the arm. The patient feeling assured in his own mind, that unless the sixpence could be removed, he should be totally unfit for any employment, and that most likely his life would fall a sacrifice, expressed a resolution that something more should be done for his relief; and being a man of heroic fortitude and courage, he was not opposed in his wishes. Mr. Key was therefore consulted, and after a careful review of the case, and an accurate examination of the dead subject, with a view to ascertain to what distance a sixpence could pass into the air-passages, he came to the conclusion that it most likely had passed into the right bronchus, for the following reasons:—the left bronchus would just admit a sixpence to enter, whereas the right passed in a more straight direction, and was sufficiently large to admit it to the distance of an inch. This view of the subject was strengthened by the information derived from percussion, and the use of the stethoscope. Mr. Key gave directions for a pair of forceps to be made, long and slender, with the handles bent forward like the common curved scissors; he then passed a sixpence as far as possible into the bronchus of a dead subject, and from thence repeatedly extracted it with so much facility, that he declared himself ready to attempt the operation with a reasonable prospect of success.

On the 6th of August the operation was performed; there were present, besides the operator, Mr. Key, the Baron Heurteloup, Dr. Gordon physician to the London Hospital, Mr. Forbes, Mr. Young, and Mr. Norris. A free incision was made through the integuments immediately above the sternum. The dissection, which was necessarily tedious, was performed with the utmost care and precaution; it was found, that the thyroid gland extended much lower than usual, so as to render it necessary to carry the incision higher than was at first intended; the lobes of the gland were divided and turned back. A very small opening was made into the trachea, when the patient, who had not even uttered a groan, gave a cough and started forward; at that moment a gush of venous

blood took place, and the man sank on the floor; pressure was made on the wound, and the hemorrhage was at once restrained, indeed not more than two table spoonfuls of blood were lost during the whole operation. At this period the patient appeared to be in a state of syncope; the pulse at the wrist was not perceptible, and the countenance was pallid. To this state quickly succeeded one more closely resembling apoplexy. The pulse at first beat slow, laboured, and irregular, the eyes were fixed, and there were one or two convulsive movements of the legs; the pulse then became quick and small, the countenance assumed a purplish hue, and the veins of the forehead were distended; the skin was bathed in a cold perspiration, and the breathing became stertorous. It is worthy of remark, that while breathing with great difficulty, the left side of the chest alone seemed to be distended, the right being almost motionless. Consciousness never returned. There were one or two slight efforts to cough, and after continuing in the state above described for about an hour, he expired.

A post-mortem examination took place on the following day. The first step taken by Mr. Key was, to finish on the dead body the operation which had been commenced on the living with such an unfortunate result. Having enlarged the wound in the trachea to the necessary size, the forceps was at once passed down to the right bronchus, when a sound, as of two metallic bodies coming in contact, was almost immediately heard, and after a few attempts, the sixpence, was at length laid hold of and extracted without much difficulty; it was found perfectly blackened, and the inscription much defaced, though still legible. It is now in the possession of the brother of the deceased, who was present when it was extracted, as well as during the operation. The chest was then laid bare, and the sternum raised. The bronchial glands were found enlarged; there was no effused blood in the trachea. About the upper third of both lungs appeared to have suffered from repeated attacks of inflammation, the minute ramifications of the bronchial tubes being glued together, so as to present the first step of what is termed hepatisation; portions of these parts of the lungs would, however, swim in water; the lower portions were quite healthy. The internal membrane at the point where the foreign body had laid, was thickened and ulcerated. The appearances of the brain did not throw any light on the immediate cause of dissolution, that viscus only exhibiting a little more vascularity than usual.

## PROSPECTUS, &c., OF THE

BRITISH COLLEGE OF SURGEONS IN LONDON.

FORASMUCH as the Council of the Royal College of Surgeons in London do not possess an Act of Parliament—do not confer by their diploma *legally* any civil advantage on its members—do not protect or take any interest in their welfare, but, on the contrary, have taken every opportunity of treating them with contempt and disrespect—moreover are a *self-elected body*, capable of making what laws best suit their own interest—are not amenable to the members at large, or to any court of justice; and, lastly, are formed in direct opposition to the principles of the British Constitution—it appears highly desirable, and calculated to promote the best interests of mankind, that a college should be immediately formed in this metropolis, capable of obviating all the above evils—of promoting science, and of conferring honour, credit, and *real advantage* on those who are connected with it.

1. That this College be called "THE BRITISH COLLEGE OF SURGEONS IN LONDON."
2. That his most gracious Majesty be humbly solicited to become its patron.
3. That all members of the College of Surgeons in London, Dublin, and Edinburgh, and all graduates in medicine, who think proper to enrol their names in this undertaking\* previous to the first day of January, 1830, be members of this College; but that after that period they can become members only as any other candidate.
4. That the Council shall consist of a president and thirty members; that they be elected annually at a general meeting of the members.
5. That a meeting of all the members be held annually in the month of October; that at this meeting the council shall be elected, the general affairs of the College examined, laws made, amended, altered, or annulled, and a minute account of all expenses, monies received, &c., be submitted.
6. That the Council be empowered to make regulations, take apartments, appoint a secretary; all subject, nevertheless, to the judgment of the members at the general meeting.
7. That the Council do appoint a Board of Examiners from amongst themselves, which shall consist of the president and twelve members.
8. That a vacancy in the Council be filled up at a special meeting of the members called for that purpose.

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\* Members of the Apothecaries' Company, and army and navy surgeons, on paying five guineas, are included in this regulation.

9. That the Council do appoint certain days in each month for the examination of candidates for the diploma: to these examinations all the members of the College shall have free access.

10. That candidates be required to produce certificates from no particular school or hospital; knowledge, no matter where acquired, with certificates of professional opportunities for three years, and character, being the only requisites.

11. There shall be no public or private schools whatever, or hospital, connected with this College.

12. The fee paid by each candidate for the diploma shall not exceed five guineas.

13. There shall be a fund established, called "The British College Fund," into which all monies received shall be paid, and which shall be appropriated to the defraying of the necessary expenses, promoting science, and affording relief to any of the members of this College, or their families, who may require assistance.

14. That the members of the Council, and of the Board of Examiners, receive no emolument.

15. That for the next ensuing five years, each member who becomes so in virtue of his belonging to another College, shall pay annually one guinea towards the College fund.

16. That each member of the Council on entering into office, shall take the following oath or affirmation before a magistrate:—

"I, A. B., do promise faithfully and honourably to fulfil and discharge to the best of my ability, all duties which I shall, or may have to perform as a member of the Council of the British College of Surgeons; showing no partiality or favour to any one, but doing my utmost endeavours to promote the general good of mankind. So," &c.

17. That any or all of the above laws may be altered or annulled at any annual general meeting by a majority of the members, and whatever other regulations may be proposed, can also be adopted.

By order,

C. IRVING, LL.D., F.S.A., &c.  
Hon. Sec.

July 24, 1829.

N.B.—Those wishing to co-operate in this undertaking, are requested to enter their names and residences (according to Reg. 3) at the chambers of the College, 2, Leicester Place, Leicester Square, between 12 and 3 o'clock daily.

BRITISH COLLEGE OF SURGEONS IN LONDON.

Notice.

It is proposed that two meetings be held—  
The first, to consist of those *only* who concur in the necessity of establishing this Col-

lege. At this meeting the prospectus, dated July 24th, will be submitted for rejection, alteration, or amendment, in all or any of its clauses: so that thus altered and sanctioned it may issue from, and be published by, the authority of this meeting.

The second meeting to be held pursuant to public advertisement, and open to all, for the purpose of ascertaining the opinion of the profession *at large* on the necessity of this undertaking.

By order, C. IRVING, Hon. Sec.  
College Chambers, 2, Leicester Place,  
August 10th, 1829.

N.B.—As the first meeting is to be convened *only* by notice from the secretary, those who wish to co-operate are requested to send their addresses immediately to the secretary.

#### ON THE TREATMENT OF SPINAL CURVATURE.

By Mr. SHELDRAKE.

Before I say more on the quackery that now prevails in the treatment of spinal curvatures, I will endeavour to explain those principles by the application of which I succeed in removing the very distressing effects which are produced by those distortions. In doing this, I shall confine myself to explain the treatment of one case; because the variations in the symptoms of different cases are almost infinite, and when the particulars in the treatment of one case are explained, your readers will perceive that those particulars, when explained and understood, may be varied so as to meet the particulars of any other case whatever.

Every one who understands the structure of the human body, knows, that the pelvis forms what may be called its centre; it consists of several bones, so united together, that, in the ordinary course of things, they have no motion with respect to each other, but form one immovable mass. This may be called the centre of the body; from it, nearly all the muscles which move the lower extremities diverge, in one direction, and all the muscles which move the body, pass to it in a direction that is opposite to the other: as our business, at present, is with these only, I shall take no further notice of the extremities.

The spine consists of many bones which are firmly united to each other, and to the ribs, by ligaments which allow of certain limited motions of the bones with respect to each other; these motions are effected by the action of the muscles, which are attached, either to the pelvis, to the spine, to the ribs, or the upper extremities. While

the form of the body is perfect, or, we may with more propriety say, natural, and the health is good, all the actions that can be performed by any one part of the body, or of the upper extremity that is attached to it, may be equally well performed by the correspondent parts which are on the opposite side; this may be called, so far as its actions are concerned, the natural and healthy state of the body; it preserves that in its natural form, and enables it to perform the infinite variety of movements which, in the progress of life, all persons must be subject to, in a perfect, or, we may with more propriety say, in a natural manner; this effect will always take place, while that state of the body is preserved. I have said in another place, that while the body is in this state, involuntary muscular motion, action and re-action are equal, and opposite to each other; but when that action and reaction, from no matter what cause, become unequal, deformity of the body begins; and goes on increasing, to any extent, till the power of action is entirely destroyed: this assertion will require some explanation.

I will suppose a case, which I have frequently seen, and which is often produced by many circumstances that it is not, now, necessary to consider. If we have such a case before us, where there is great deformity, the spine will be curved laterally, projecting outwards on the right side; the shoulder raised, the scapula and ribs thrown out backwards, and the sternum on the same side, will be small and sunk inwards in proportion as the shoulder and back project out behind. On the left side, the sternum and ribs of such a case would project forwards, or, to use the language that is sometimes employed to describe this kind of case, the front of the thorax would be very large on that side; the shoulder will be lower than its opposite; it will be much sunk inwards, as well as the ribs, and the left side of the back will be hollow; I have seen one case of this kind, where the distortion has been so great that the lower edge of the scapula lay within the spine of the ilium, so that I could not, by any exertion, pass my fingers under the lower edge of the scapula. I would stop to ask Mr. Cline, or Mr. Abernethy, if they were present, to demonstrate how it would be possible, when a person was so distorted, to restore him to his natural form; by laying him down, as they called it, either upon an inclined plane, or in a horizontal way? I believe that even the omnipotence of Mr. Abernethy would shrink from the attempt of describing such a process, much more from undertaking to perform it.

In those patients that I have seen in this situation, the ribs on the left side were

nearly, if not quite, close together; in some cases, I have seen some of them lap over those which were next to them, so that they had almost no power of motion; when this has been the case, the serratus muscles, and others which lay near them, were contracted, and had little or no power of motion, whence the patient had difficulty of breathing, in proportion to the extent of the deformity; these muscles had retracted as much as the situation they were in, compelled them, and had little or no power of extension remaining.

When a patient has lateral spinal curvature under these circumstances, the left side is sunk in, and presents a smaller surface than it did when in its original natural state; the muscles being contracted, their voluntary action ceases, and the involuntary action, which should be connected with respiration, is much interrupted. The natural condition of the right side is altered as much, but in a different manner. The spine being curved laterally, so as to project outwards, pushes the ribs outward before it, so that they occupy a larger space than they did when in their natural position: in consequence, the muscles which cover them are permanently extended; they lose their power of contraction, of which they are deprived by the contractile action of the same muscles which is continually exerted on the left side; and by this deranged action of all the muscles which are connected with the spine and thorax, respiration is impeded, the form of the thorax is altered, the health of the patient is injured, and ultimately destroyed, as we see continually, and too frequently, in cases of this kind.

As it has, for a long time past, been common to use the contrivance of Le Vacher to cure this distortion, it will now be proper to show that that is worse than useless, because it is quite impossible that it should have the effect for which it has been employed, and does produce other effects which have not been attended to.

That these may be understood, attention must be called to the real state of the parts upon which it is intended that this contrivance should operate. The head, the vertebra, the ribs, scapula, and every bone that is connected with the thorax, are placed in a situation that is very different from their natural situations with respect to each other: in this situation they are united together, with more or less firmness, by the ligaments and muscles, as they are fixed in their present state, it is pretended that they will be removed from it and restored to their natural situations and natural powers, by using the contrivance of Le Vacher, which, it is pretended, will raise the weight of the head from the spine, and

as a necessary consequence, that all parts which are concerned in the deformity, will pass again into their natural situations, and resume their natural functions. I deny that they will do so, and will now establish that fact.

Le Vacher proposed to fix his contrivance upon a strong pair of whalebone stays, which he laced firmly about the body of his patient; this, he said, was to transfer the weight of the head from the spine to the pelvis; you will perceive that it was not possible to do this, and that to lace a pair of strong stays upon the body of a patient who was already deformed, was the most certain way to increase the deformity. This is so evident, that in my first publication upon this subject, in 1782,\* I pointed out the mischievous consequences that must result from using this part of Le Vacher's contrivance, and substituted for it an improvement of my own. This improvement consisted in arranging a number of steel springs so as to form a counterpart to the stays; and, when properly covered, this was a complete case for the pelvis, which enabled it to bear whatever pressure it might be necessary to put upon it, without giving the least pain, or inconvenience to the patient. Upon this basis, I raised whatever other superstructure I wanted, but always so con-

\* "Mr. Sheldrake, who unites a competent knowledge of anatomy to his mechanical abilities as an instrument maker, endeavours to recommend an improved instrument to remove distortions of the spine. Mr. Jones, some years since, proposed an instrument, which was very similar to one formerly described by M. Le Vacher, of the French Academy, without acknowledging its original, though it was probably borrowed from M. Le Vacher. This machine frequently failed; and we must own, that we should, in such cases, rather prefer the '*ills we have, than fly to others we know not of*.' The improved instrument by Mr. Sheldrake, is certainly free from many of the inconveniences of that of Jones; and we are convinced, from other reasons besides those employed in the present pamphlet, that it can have no effect in distorting the pelvis. It may, therefore, be cautiously used, though it ought always to be laid aside, if it gives the least pain: its principles are rational, and its execution generally proper. We need not inform our readers, that Mr. Pott has only proposed a method of curing the paralysis of the lower extremities, without any means of removing the distortion. It seems to think it should remain; but Mr. Sheldrake is of opinion, that it may be safely attempted by his machine; and with the restrictions just mentioned, we can see little objection to it."—*Critical Review*, 1782.

trived as to have every part of the body and head at liberty, because I well knew all the evils that must be produced by pressure upon any part of them.

I have always used this in my own practice, with every advantage that I could wish; I know that such imitations of this part of my invention, as the capacities of those who imitate themselves on this subject would permit them to make, have been adopted instead of Le Vacher's stays, *without acknowledgment*, as the Critical Reviewers said upon another occasion; I shall admit, for the purpose of arguing the subject, that it is not true in point of fact, that Le Vacher's invention, with the assistance of my addition to it, will do all that is possible to stretch the spine, yet it will not have that effect, or indeed any other than those mischievous ones, which Mr. Abernethy has described in very just, though certainly not very elegant terms. As he has contented himself with making assertions to that effect, it remains for me to demonstrate the truth of those assertions.

If we could suppose it possible for any being to live without muscles, but with the bones which form the spine, and the other bones that are connected with it, firmly united by ligaments, the weight of the head, pressing upon such combinations of bones, might, under many circumstances, produce spinal curvature; and, by raising the weight of the head, all the other bones might fall again into their natural places; but I very much doubt if they would do so, if they were laid down upon an inclined plane, according to the practice of Cline, or lying down, *quite in a horizontal way, and for a long time*, according to the more energetic practice of Abernethy. But when the action of muscles is added to the peculiar situation of the bones, it becomes quite impossible that any beneficial effect can be produced by attempting to raise the head, in the way that has for so long a period been attempted: this fact I will endeavour to explain.

John Bell says, "The origin and insertion of the sterno-cleido-mastoides muscle are shortly described in its name; it arises from the triangular portion of the sternum, by a strong round tendon, and from the external portion of the clavicle, by a broader and more fleshy origin. It ascends upon the neck, and in such a manner, that the dissector can separate the two portions with the handles of his scalpel to their termination. It is inserted into the mastoid angle of the temporal bone, and extends its attachment backwards upon the mastoid angle of that bone. When the muscles of both sides act together, they pull the head downwards, and bring the chin to the breast; but when one muscle acts, it pulls down the ear to the

shoulder, and so twists the neck, as to throw the chin a little up, and to the other side, &c. The trapezius is named from its lozenge-like form; it is often named *cuticularis*, from its resembling the monk's cowl hanging back upon the neck. It is one of the most beautiful muscles in the body, and the two muscles together cover all the shoulder and neck, with a lozenge-like form, with neat and sharp points, extending from the tip of one shoulder to the tip of the other, and from the nape of the neck quits down to the loins; it rises from the most pointed part of the occipital bone, and along the transverse spine, quite to the mastoid process, by a thin membranous tendon; from this point, all down the neck, it has no hold of the vertebrae, but arises from its fellow in a strong tendon, which, extending like a bow-string down the neck, over the arch of the neck, and not touching the vertebrae till it comes down to the top of the back, is named *ligamentum nuchae*. The tendon begins to take hold of the two last vertebrae of the neck, and arises from all the spinous processes of the back downwards; from this long origin, its fibres converge towards the tip of the shoulder; it also comes a little forward over the side of the neck.

"It is implanted into more than one-third of the clavicle nearest the shoulder; into the tip of the acromion; into the whole length of the spine from which the acromion arises; and its fibres arising from along the neck and back, and converging almost in a point, must have various effects, according to the different fibres which act; for those which come downwards must raise the scapula; those which come from the middle of the back must carry it directly backwards; those which come from the lower part of the back must depress it, and those different fibres acting in succession, must make the scapula roll. The trapezius is a muscle which moves the scapula, but it must be also occasionally a muscle of the head, pulling the head backwards, and bending the neck. It is also a powerful muscle of respiration, as may be seen under the head of inspiration."

I have given the particular description of these two muscles preparatory to showing the effect that is, in reality, produced by the attempts that are continually made to stretch the spine. When the spine-stretchers determine to perform this their favourite operation, they begin by grasping the head, and securing it by the contrivance that was invented by Le Vacher for that purpose: the remaining part of his contrivance consisted in lacing a very strong pair of whalebone stays very tight upon the body of his patient, however deformed that patient might be, and pretended that, by this contrivance, he transferred the weight

of the head from the spine, and fixed it upon the pelvis; the utter impossibility of doing this, was experienced by almost all that made the attempt, and proved, that difficulty of breathing, and additional distortion, were produced by this ill-directed attempt, while the weight of the head was not, and could not, be transferred from the head to the pelvis by this contrivance.

You will perceive, by the extract from the Critical Review, which has just been given, that this was *one* of my original objections to Le Vacher's contrivance, and that I removed that objection, by substituting a firm counterpart to the pelvis, which renders confinement to any part of the body unnecessary, while other means, *totally distinct from stretching the spine*, were used to remove the curvature. In my own practice, I ~~still~~ always answered my intentions, which the spine-stretchers, with Cheshire at their head, could not comprehend, though they pilfered my intention, and *misused it in their own way*. By such imitations as ignorant workmen could make, they managed to get a firm pressure upon the hips, as they had already upon the head by Le Vacher's contrivance, and then set to work, with all their might, to stretch the spine till it became straight. Dr. Harrison, who claims superiority in every thing, boasts that he has *invented a windlass* which he applies to stretching the spines of those patients who fall into his hands. The originality of that invention is about equal to its utility, for it bears a strong resemblance to the practice of Doctor Procrustes, an eminent physician in the ancient times of Greece. When that great physician met with a patient who was more crooked, or shorter, than he, the doctor, thought that he should be, he laid him upon his own bed, which he had invented, and stretched him till he became of the exact length that he determined that he should be.

It will be evident to you, that these spine-stretchers can never attain the object they have in view, by following these practices; because the moment they screw their instruments, so as to raise the head of their patients, they bring into action, first, the sterno-mastoidæus and trapezius muscles, and, in regular succession, all the muscles of the trunk which have any connexion with the spine, these become a counteracting force, which is inevitably employed in impeding, and, indeed, successfully preventing, that effect which it is intended to produce, from taking place. It is a first principle in voluntary muscular action, that no muscle can be forced into action by extraneous means, without exerting all its own power to regain that state of rest, which is either natural to it, or has become so, by whatever circumstances have produced the distortion which it is intended to re-

medy; it is this uncontrollable action that, when such attempts are made, brings all the power of those muscles which are connected with the spine and the rest of the body, to resist the attempts that are made, by such means, to stretch the spine and restore it to its original figure. This it is which produces all the evils which Mr. Abernethy justly attributes to the practices of the spine-stretchers, although he did not think it necessary to inform his pupils what the real causes of those evils were.

I will now repeat my assertion, that spinal curvature is never produced by pressure from the weight of the head, although, in some cases, it is increased by that pressure. It has been produced by other causes.

It has been called Pott's curvature, is occasioned by disease which destroys the substance of the vertebra, and the loss of that substance weakens the spine, and allows the weight of the head, which is increased by the deranged action of the muscles which now take place, and leads to those consequences which, I believe, all professional men are acquainted with. All the lateral curvatures that I have seen, have been produced by the deranged action of muscles of the trunk and other parts, which curves are almost innumerable, and which I shall not now minutely inquire into, but it will be proper to observe, that when such curves have taken place, pressure from the weight of the head has a strong tendency to increase them, although the removal of that pressure, when it can be effected, will not cure them. In my next, I will show by what means I have, during the whole course of my practice, succeeded in curing these peculiarities, and afterwards proceed to explain the very important improvements that I have made in that practice.

### GUY'S HOSPITAL.

#### REMOVAL OF THE RIGHT GREAT TOE FROM ITS JUNCTION WITH THE TARSUS.

THE patient, a lad apparently about 14 years of age, was placed in a recumbent position, on the operation table, at about half-past one, on Tuesday, August the 11th: the foot being supported by an assistant, Mr. Bransby Cooper took hold of it with his left hand, the sole and outer part resting on the palm, and the thumb being applied on the dorsum, near the articulation of the metatarsal bone of the great toe, with the internal cuneiform bone. An incision was now made, commencing at this joint, and extending along the course of the metatarsal bone to just behind the ball of the great toe; a second incision was made across to the sole of the foot, and, without removing the knife, was carried backwards to the under

part of the joint, opposite the commencement of the first incision, where the disarticulation was to take place. The boundaries of a flap were now formed, and with as much muscle as the limits of the incision, and flexibility of the part would allow, were dissected back as far as the joint; a double-edged scalpel was then passed perpendicularly downwards, between the metacarpal bones of the first and second toes, and the soft parts between them divided, by the operator bringing the knife towards him. The disarticulation was then effected by introducing the knife at the inner end of the joint, Mr. Cooper, at the same time, raising and depressing the toes.

The age covering the tarsal bone was then pared off with a scalpel. Two arteries were next secured, and the flap was made to cover as much of the wound as its size would permit, and confined by sutures: the whole was then dressed with strapping, and had a roller applied over it.

The operation was neatly performed in four minutes, and was borne by the patient remarkably well.

After the removal of this patient, an elderly man walked into the theatre, and placed himself on the table, with an artificial opening into the urethra, situated just anterior to the scrotum, which was of long standing. Mr. Cooper stated, that he had three or four times before, at different periods, brought a portion of the neighbouring integuments to cover this opening, but it had never succeeded. "However," said he, "he wishes to have it done again." The old fellow seemed inclined to be jocose, and appeared anxious to enter into the history of his case, and the original cause of the false passage. "It was done (said he) when in St. Thomas's Hospital, under Mr. Green; I know it was—in introducing a catheter—for the dresser, Mr. — (here Mr. Cooper interrupted him with, Oh! come, come, my man, we do not want any names)—I know it was he, (said the old man,) for instead of pushing it the right way into the bladder, he turned it outwards, and I felt something give way at the time." There was a delay of some minutes before a bougie was brought, but having at length arrived, the operator introduced it by the natural passage into the bladder; then passing a phymosis knife through the integuments, at the upper part of the opening, (which was about half an inch long,) with the assistance of a pair of dissecting forceps, the edge was cut away around the opening, so as to remove every portion of the cicatrix. The edges of the wound were then brought into apposition by several sutures introduced near each other, and strips of adhesive plaster were placed over.

## ST. THOMAS'S HOSPITAL.

## CASE OF OPHTHALMITIS.

HENRY HART, aged 32, admitted into Edward's Ward, No. 14, on the 17th July, under the care of Mr. Green, labouring under an inflammatory affection of the right eye. He states, that he is frequently exposed to the night air in his occupation, which is that of a car driver. Within the last two years, has experienced repeated attacks of inflammation in the organ now affected, but of a much milder character than the present, and which subsided under his own simple mode of treatment, viz. fomentations of warm water, and an occasional dose of purgative pills at night, with Epsom salts the following morning. The present attack came on in a more violent form, about two months previous to his admission, attended with a severe and deep-seated pain in the ball of the eye, and also in the right side of the head, and has experienced a gradual diminution of sight. He is now so far deprived of the faculty of vision in the eye affected, as to perceive but an exceedingly faint glimmering of light. Complains of a dull heavy pain in the organ, over the eyebrow, and on that side of the head. The globe is considerably enlarged, and protrudes a good way out of the orbit. There is a diffused redness of the sclerotic coat, and the vessels of the conjunctiva injected with blood, especially at the inner canthus, giving the parts here a red fleshy appearance. The iris has a grayish appearance from deposition of lymph on its surface and margin. The cornea does not appear hazy. These symptoms are attended with an intolerance of light. Pulse full, quick, and somewhat incompressible; tongue coated with a whitish yellow fur; bowels open; appetite bad. Has not been enabled to sleep at night for some time, on account of pain. Ordered to lose 15 ounces of blood from the arm, and take

*Calomet*, 4 grains;

*Opium*, half a grain;

*Tartarised antimony*, quarter of a grain, every six hours.

31. Mouth sore from mercury; pain in the head and eye less; pulse 99, full, but more compressible; tongue coated; bowels open; appetite bad; scarcely any sleep at night. No material alteration in the appearance of the eye. Twelve ounces of blood to be abstracted from the temples by cupping. A blister to the nape of the neck; extract of belladonna to be applied around the eyelids, and to use a poppy fomentation twice a day; wear a green shade over the eye. The pills to be given at night and morning, instead of every six hours.

24. Mouth very sore; pain in the head and eye nearly gone; sleeps better during the night; pulse 80, less full; says he has been very sick, and vomited several times yesterday; redness of the eye diminished. From the action of the belladonna, the pupil is in a state of dilatation, thus affording a better view of the state of the humours, which, at the posterior part of the eye, appear somewhat turbid, with a more dense opacity in the centre, inclining to an amber colour. The iris has a grey appearance, and its edges are adherent by two points, above and below, to the capsule of the crystalline lens, consequently there is an irregularity of the pupil. The patient fancies he perceives a greater diffusion of light, but cannot distinguish objects. Omit the other remedies, and take mercury with chalk, and extract of hemlock, of each five grains, twice a day. To have an issue made on the right temple, about the size of a sixpence.

27. Mouth and gums still very sore; no pain in the eye, and but little in the head; bowels open twice daily. Pulse increased in frequency, but not more full. He can now perceive objects with the outer part of the eye, and told the number of fingers held up before him correctly, but with some hesitation. A poultice has been applied to the issue night and morning. Not discharged.

29. The ball of the eye is diminished in size, and the turgescence on the inner side, of a pale fleshy appearance. Belladonna as before; continue the medicine at night only, and use a chloride of soda gargle for the mouth.

31. Mouth not quite so sore; pulse less frequent; sight improving; humours becoming more transparent. The grey appearance of the iris has nearly disappeared, and the points of adhesion are giving way; issue begins to discharge; tongue cleaner; appetite good; bowels open; pulse 97. Continue the medicine at night as before.

Aug. 1. Sight improved; can now distinguish colours with tolerable accuracy; requires, however, to look sideways, as he sees best with the outer part of the eye. Less opacity of the humours, and the amber-coloured hue diminished. The pupil is regaining its natural rotundity. Issue discharges; poultices still applied night and morning; tongue clean; appetite good; sleeps well at night.

4. His sight continues to improve, and the humours are regaining their natural transparency very fast. The lymph causing the points of adhesion nearly absorbed, and the fleshy appearance of the conjunctiva diminishing. He begins to distinguish objects with greater accuracy, and more in the central axis of vision, and at a greater distance. The ball is now but very little larger than that of the left side; fleshy appearance

less. Bowels have been moved about twice daily; pulse 84; tongue clean; appetite good; free from pain. The belladonna has been applied every morning, and two poultices to the issue daily, which continues to discharge, but not so freely. Medicines as before.

7th to 15th. There has been nothing particular to report of this case since the 4th. The patient has continued to improve; can now see the length of the ward, and more in the centre of the eye. There is still a slight deposition of lymph on the edge of the iris, and a little irregularity of pupil. Pulse 88, soft; bowels regular; tongue clean.

## ST. BARTHOLOMEW'S HOSPITAL.

### LITHOTRITY.

Mr. COSTELLO, a gentleman who has passed several years with Dr. Civiale, of Paris, and has assisted him in the various lithotritic operations, which he has, during the last few years, been performing, visited this hospital on the 1st of August. After a short introduction to some of the medical officers, and being willing to make application in this country of the lithotritic instruments, Mr. Lloyd offered Mr. Costello to operate on a patient in the hospital, a young female, who had since her childhood suffered from incontinence of urine, in consequence of stone in the bladder. After some hesitation, the consent of the girl (Hannah Stewardson, *etat*. 19,) was obtained, and the first operation was performed on the 1st of August. The instrument introduced was perfectly straight. The exterior presented a silver tube, about the diameter of a common pencil, and twice the length. Down the centre of the instrument the apparatus passes, by means of which the stone is grasped, drilled, and crushed. It consists of stout strong wires, the extremities of which can be pushed beyond the end of the tube, three of them opening by a spring, to catch the stone, to crush it, or to allow the centre drill previously to perforate it.

In the present instance, the stone was seized twice, and partly crushed each time, the crushing lasting a minute and a half. Mr. Costello, however, did not think proper to continue the operation, in consequence of the bladder having contracted upon the instrument. There was but little urine in the bladder at first, and this dribbled away soon after. The instrument was then withdrawn. Mr. Lloyd, however, suspected that the stone was a very small one, and might now be effectually removed by dilating the urethra. This he attempted, and persevered in

for half an hour, at the expiration of which time, he was enabled to introduce his finger, and feel both the remaining stone, which proved of considerable size, and the fragments which had been broken off by the instrument. It could not, however, be extracted, and the patient was left. A hip bath to be used immediately.

On the fourth day after, she was again visited, but refused altogether to allow the operation to be renewed. In the interval, several fragments of the stone had come away. On the 7th, Mr. Costello again attended the hospital, when, after much persuasion, the girl consented to another attempt being made, if it were done in the presence of a few persons only. Mr. Lawrence accordingly addressed a few words to the surrounding pupils, and having shown that her consent could be obtained only on these terms, and observing that the mere passage of a straight staff could interest them but little, especially as they would be made acquainted with the result, the patient was taken into the sister's room, accompanied by Mr. Lawrence, Mr. Costello, Dr. Grayson, of New York, Dr. Hawes, the dresser, and another medical gentleman. The instrument was quickly introduced, the stone seized, and again crushed, the operation lasting between one and two minutes. At this sitting, it is very probable that the destruction of the calculus would have been completed, but the girl was extremely violent, and her struggles rendered the assistance of four or five persons necessary. Some moist detritus came away with the instrument, and the girl returned to her couch. She appeared to suffer no inconvenience or pain, unnecessary alarm only, occasioning her uneasiness. Up to this period a great number of fragments had come away with the water, and she had been enabled to retain her urine in a manner, which had been out of her power since infancy. The stone, on the present occasion, was found to be eleven lines in diameter.

From this period, the girl expressed that she felt herself so much better, and was so well satisfied at being enabled to retain her water, that she refused the operation to be again proceeded with.

Monday, the 17th. She has suffered some pain since Saturday. States that a fragment of calculus presents itself at the neck of the bladder, but expects that it will be voided as were the other pieces. Nothing more has been done. The patient seems anxious to remain as she is; her general health is very much improved.

## WESTMINSTER HOSPITAL.

## SCIRRHUS OF THE UTERUS.

ELIZABETH COOPER, ætatis 49, entered 15th July, 1829, and was received under the care of the senior physician, having suffered a long while from red discharge & vagina. The patient states, that during infancy and childhood, she was of delicate health, but suffered the usual complaints of those periods very favourably. At fifteen the catamenia appeared; during maidenhood she enjoyed tolerable health, and was of a remarkably spare habit; the menstrual periods were very regular, and the flux was not attended with pain. In her 22d year she was married, was twice pregnant, and, at the full period of gestation, gave birth to two children, who are living. During 21 years of wedlock she enjoyed average health. After the birth of the first child, the bowels had always a diarrhoeal tendency, and were excited by the slightest emotion. She suffered a good deal from headach, which was ascribed to her sedentary habits, being employed as a sempstress; up to her 40th year she was remarkably thin; at this time was experienced her first attack of menorrhagia. For the last three years this discharge has been constant, with only one intermission of a month, the daily secretion amounting, on an average, to eight ounces, a great increase, however, always taking place at each revolution of the menstrual epoch. She gradually acquired obesity, and is now extremely corpulent. About a year ago her strength began to diminish with the increasing flux; and pain in the loins, varying in severity, supervened. On admission the case stood as follows:—Stature tall, form round, extremely fat; colour of surface yellowish white; expression indicative of uterine disease; eyes dull; muscles flabby; tongue furred; skin hot and dry; pulse 84, sharp and resisting; bowels open; oppressive sense of debility; and a dull pain in the loins. Cupped on the loins to ten ounces; a pill of a grain of opium, and a grain of superacetate of lead, given every night; an ounce of castor oil every morning, and a draught of sulphate of magnesia; infusion of roses, and dilute sulphuric acid, thrice a day.

19. The cupping has relieved the pain of the loins; the febrile symptoms have abated. A discharge of grumous blood, amounting to nearly two pints, took place this morning whilst at stool. Feeble pulse; tongue broad and flabby. On introducing the finger per vaginam, the os tinæ was found large enough to admit three fingers, and its margin hard and rugged; the uterus appeared to the touch about the size of a

swan's egg. Mr. White examined her this forenoon, and pronounced the disease to be scirrhus uteri. She refers no pain to the uterus.

20. Colic pains; increase of discharge. A grain of opium, taken three times daily.

21. Purging; and hæmorrhage from the womb; the discharged fluid coagulates.—Cordial and opiate draughts.

28. For the last week has appeared to rally, the chief inconvenience being a flatulency, which was always relieved by cathartics. Eats a mutton chop daily, and has increased in strength. The flux very much abated.

August 1. The pain of bowels and loins has returned, and the discharge in a less degree. The opium continued, and a gill of port wine to be drunk every day.

10. The strength lessened daily; three days since the hæmorrhagic flow entirely ceased; she has no pain of hypogastrium; mordia gathered on the gums and lips; occasional vomiting and purging. Died quietly this morning.

*Autopsy sixteen hours after death.*

Soon after the woman's decease, the body was removed by the husband, and it was with difficulty permission could be obtained to inspect the pelvic viscera. The uterus was found to be once and a half the natural bulk; incipient dropsy existed in both ovaries, the right being about the size of a chestnut, and the left about the size of a small apple. The structure of the fundus and corpus uteri was healthy, the lining mucous membrane being of natural tint; but the structure of the cervix and os was entirely altered, being exactly analogous to that of medullary sarcoma; the surface was lubricated with a puriform fluid. The vagina was relaxed, and its inner tunic appeared thickened.

## HOTEL-DIEU.

## ANEURISM OF THE POPLITEAL ARTERY.—LIGATION OF THE FEMORAL, FOLLOWED BY GANGRENE AND DEATH.

F. B., a man thirty-five years of age, of an irritable temper, and in the habit of drinking much wine, having, during the last two years, been subject to violent palpitation of the heart and dyspnoea, had, since that period, been in the habit of being bled every two months. Five years ago he felt, for the first time, pain in the ham, which disappeared under an anti-rheumatic treatment, but returned at irregular intervals, and, at the commencement of last year, became more violent than ever. Under the use of a compressive bandage it subsided, but, in Oc-

tober last, again returned, and was accompanied by a tumour in the ham, which pulsated strongly, and was readily recognised for aneurism. The application of leeches caused temporary relief; the pain, however, soon returned with increased intensity, so that the patient was obliged to apply at the Hotel-Dieu, where he was admitted in February last. The pulsation of the heart was violent and irregular; that of the aorta and the principal arteries were also very strong, and accompanied by "*bruit de soufflet*," and visibly raised the parietes of the thorax; the pulsation of the carotids, brachial, and femoral arteries, and even of those of the articulations, were of unusual strength, and distinctly visible. The aneurism, which was of the size of a hen's egg, and perfectly compressible, but very tender, offered violent pulsations, synchronous with those of the heart, and accompanied by *bruit de soufflet*; the skin over it was healthy, and the foot oedematous. He was greatly emaciated, and complained of headach and giddiness; respiration appeared but slightly affected; digestion was undisturbed. M. Dupuytren hesitated for a considerable time before he decided upon the operation, as it appeared that, besides the aneurism, the patient was affected with hypertrophy of the heart and disorder of the whole arterial system; on the other hand, the aneurism increased in size, without exhibiting any tendency to form a coagulum, and a fatal termination by hæmorrhage was to be anticipated. The patient was bled from the arm, and the operation performed on the 20th of February, in the usual manner. The femoral artery was almost double its usual size, and surrounded by very firm cellular tissue; the application of the ligature did not cause much pain, and the wound was united by the first intention. Two hours after the operation, the patient complained of violent burning pain along the whole limb, especially at its lower portion; the pulsation of the arteries was very violent, the pulse 140, the face rather flushed. He was bled, and took a small dose of æther and opium, but passed a very restless night. On the following day the violent pain along the limb continued; the aneurism did not pulsate; the limb was rather cold; the pulse 125. On the 22d, the patient had bled from the nose; the fever was increased; the pulse 135; the limb rather cold. The wound had not united, but suppuration appeared healthy. Rep. venæsect. In the course of the following night the patient had two attacks of syncope. On the 23d, slight erysipelas round the wound and swelling of the thigh.—He was very feverish and rather irritable; the thigh was covered with an emollient poultice. On the 24th he seemed a little

better, but still complained of burning pain along the limb, the lower portion of which was cold. On the 28th the toes were insensible; the limb felt numb, and was oedematous; the countenance was greatly altered; he was ordered wine and beef tea. On the 26th, the internal ancle was found covered with ecchymoses, and at the external side of the foot there was a vesicle filled with brownish serum; the limb was fomented with spirit of camphor. On the 27th, the foot was quite cold, a large abscess had formed above the wound, through the upper angle of which a great quantity of sanious matter was discharged. On the 28th, and the first of March, the same symptoms continued. On the 2nd, a counter aperture was made at the upper part of the abscess, which extended as high as the iliac spine; the foot was quite insensible, and covered with gangrenous phlyctenæ; the general health of the patient was but slightly affected. On the 5th, the violent pain in the limb had changed into a very unpleasant pricking sensation; the wound at the thigh suppurated profusely. On the 9th, the nineteenth day after the operation, the ligature came away. From the 10th, the strength of the patient began to sink; the gangrene slowly proceeded, so as to extend, on the 14th, to two inches above the ancles. On the 18th, there was great debility and difficulty of respiration, and he died on the evening of the 19th.

#### Post-mortem Examination.

On examining the body, the lungs were found healthy, the heart double its usual size; the parietes of the left ventricle were more than an inch in thickness; the internal lining of the heart was healthy. The aorta was down to three inches below the diaphragm, beset with yellow patches, which, on closer examination, were found to proceed from a cartilaginous and stercoraceous degeneration of the muscular coat; the carotids were healthy, but on several points of the arterial system, the muscular coat had undergone the same morbid alteration as that of the aorta. The parietes of the femoral artery were of greater thickness and firmness than usual; it had been cut about three inches below the profunda; the fibrinous clot above the ligature was about eight lines in length; that below it was somewhat shorter; the internal and muscular coats were completely divided by the ligature, and their extremities, which formed a circular ring, were distant from each other about six lines. The aneurismal tumour was of an oval form, and exhibited an instance of a general dilatation of the three arterial coats; at its lower portion only the internal membrane was destroyed, and formed a circular aperture, which led into an abscess.

sory aneurism, as it were, formed by the external coat only, and filled with a white fibrous clot, of little density. The popliteal vein was strongly adherent to the sac, and completely obliterated, the venous circulation of the limb having been carried on by means of the *saphena externa*, which was considerably dilated. A great quantity of purulent matter was found round the femoral artery, and between the abductor muscles. The abdominal organs were healthy; in the small intestines two tape-worms were found alive, and eight feet long each.—*Rev. Med.*

#### EXTIRPATION OF THE UTERUS.

Agathe B. *etat.* 50, of a nervous temperament, was admitted on the 24th of July, 1829. Up to her fortieth year, she had been in the enjoyment of good health; from this period, however, menstruation became irregular, accompanied by a discharge of very fetid bloody mucus, and at the same time she lost her appetite, fell away, &c. There was hardly any pain in the uterine region; during the last three months only, the evacuation of *feces* had caused a slight pain; the urine was clear, and passed without any pain or difficulty. On examination through the rectum, a very hard prominent tumour was felt at the neck of the uterus; the posterior surface of the uterus itself appeared healthy. On examining per vaginam the anterior lip of the os uteri was found degenerated into a very hard uneven tumour; the posterior was rather small, but uneven; the finger readily entered into the cavity of the uterus, the tissue of which appeared softened. The anterior portion of the vagina was diseased at its uterine extremity only; the posterior was ulcerated and softened up to the prominence formed by the enlargement of the anterior portion of the os uteri. The examination was followed by a slight hemorrhage; the sanguine discharge from the vagina was, at the time of the patient's admission, more copious than ever, and diffused a horrible odor around her. On the 26th of July, the operation was performed in the following manner:—The patient being placed in the same situation as for lithotomy, M. Recamier, without the assistance of a speculum, seized the anterior portion of the neck with a curved forceps, and, by pulling it gently, succeeded in making it descend between the labia. A transverse incision having now been made into the anterior portion of the vagina, three lines from its insertion into the neck, the operator carried his fingers between the bladder and uterus, and having detached the peritoneum, reached with his fore-finger up to the free margin of the broad ligament, which was readily seized, and brought down, while the finger in the rectum forcibly

pressed on the uterus, and thus greatly promoted its prolapse. The same having been done on the other side, the fallopian tubes were comprised within strong ligatures. M. Recamier had intended to divide the posterior portion of the vagina in the same manner as the anterior, viz. from below upwards; he found, however, that the space was so considerably diminished by the cancerous tumour, that he was obliged to change his plan, and to terminate the operation from above downwards; the round and broad ligaments, and the portion of the peritoneum which was still adherent, were accordingly divided, and the body of the uterus being turned anteriorly and downwards, as much of the vagina as was considered to be diseased, was detached by means of a probe-pointed bistoury from the anterior *partes* of the rectum. Immediately after the extraction, the epiploon protruded, but was immediately reduced, and kept up. The whole operation lasted no longer than twenty minutes. On the 30th of July, the third day after the operation, the patient was going on very favourably.

The upper portion of the uterus was, on dissection, found to be healthy; its lower part was very hard, and evidently scirrhous. The portion of the vagina, which was adherent to the posterior part of the cellum uteri, was much softened.—*Lanc. Franç.*

#### TO CORRESPONDENTS.

COMMUNICATIONS received from Mr. Hadley—Dr. Wymer—Mr. Grose—Mr. Holland—Dr. R. Fishwick—Dr. Penneck—Mr. Randell—A Practitioner—C. R. B.

Chirurgeons must favour us with his name and address, before we can offer him an opinion on the subject he mentions.

The letters of Dr. Penneck, Alexander, Amicus Scientie, and Mr. T. L., next week.

C. R. B. We can speak in unqualified terms of praise of the London University, as a medical and surgical school.—Guy's Hospital is certainly the last we should recommend. Medical Students shall receive ample information on the subject of the hospitals and schools in the pages of this Journal, before the first of October. Let them not precipitately enter to any institution, and avoid, most studiously, the "booking system" at Guy's. We advise them to be careful of their cash, and to be aware of every description of *sham* in the neighbourhood of the hospitals and theatres of anatomy.

The case mentioned by Chirurgus is a private one, and we cannot interfere.

# THE LANCET.

Vol. II.]

LONDON, SATURDAY, AUGUST 29.

[1878-9.]

## INFLUENCE OF THE AGE OF PARENTS ON THE SEX OF THEIR OFFSPRING.

ACCORDING to the researches of Dr. Hofnacker, of Innsbruck, the proportion of male and female births, in some degree, depends on the different ages of the parents. He finds—

1. That where the mother is older than the father, the average number of male to that of female births is 90½ : 100.

2. Both parents being of the same age, the proportion of boys to girls is 92 : 100.

3. The father being from three to six years older than the mother, the number of male to that of female children is 103.4 : 100.

4. Where the father is from six to nine years older than the mother, the proportion is 124.7 boys to 100 girls.

5. The age of the father being from 9 to 12 more than that of the mother, the proportion is 143.7 : 100.

6. Where the age of the father is 18 years and more above that of the mother, the proportion of male to female births is 200 : 100.

7. If men between the age of 24 and 30, are married to females between 36 and 40, the proportion of male to female children is 95.4 : 100.

8. Middle-aged men being married to young females, the proportion of their male and female children is 176.9 : 100.

9. Middle-aged men, and middle-aged women, produce 114.3 male to 100 female children.

10. Middle-aged men, being married to women of a more advanced age, the proportion of male to female children is 109.2 : 100.

11. Old men and middle-aged women produce 190 male to 100 female children.

12. If husband and wife are both equally advanced in age, the proportion of their male and female children is 164.3 : 100.—*Salzburg Med. Chir. Zeitung.*

## M. AMUSSAT'S METHOD OF ARRESTING HÆMORRHAGE.

At the extraordinary meeting of the Académie Royale de Médecine, on the 23d of Nov. 1878.

July, M. Amussat's plan of arresting hæmorrhage by twisting the bleeding vessel,\* was again discussed. The following are the general results to which he was led by his numerous researches and experiments :—

1. The effect of torsion is the same on arteries as on veins.

2. Five turns of the forceps, in most cases, appear to be sufficient to arrest and prevent the recurrence of hæmorrhage, even in cases where the vessel is of considerable size.

3. Ten turns of the forceps produce the complete rupture of the vessel.

4. After the complete, or incomplete, division of an artery, the torsion must be made on each of the two ends.

5. No secondary hæmorrhage ever taken place after the vessel has been properly twisted.

6. In the arteries of the dead body, the torsion produces the same effect as during life, viz., a rupture of the internal and middle coat, and their retraction and constriction, so as to form a sort of "capuchon."

7. Water injected into an artery on which torsion has been previously practised, does not escape through the contorted extremity, even if the injection is made with a considerable degree of force. In the latter case, the portion of the vessel above the contorted extremity is, indeed, sometimes ruptured and burst by the fluid, but the ring of the internal membrane is never destroyed.

8. Torsion has all the advantages, and none of the inconveniences, of ligature : it is less painful and more easy, and, besides, does not require the aid of an assistant ; in the latter respect it is particularly advantageous to the military surgeon.

9. It, lastly, admits of the immediate reunion of every wound.

M. Larrey strongly objected to M. Amussat's proposal, but merely maintained, that the ligature was more accurate, more easy, &c.

\* M. Thierry has lately published a brochure on the torsion of the arteries, in which he claims the priority of this invention.

and that experiments on animals\* prove nothing.

M. Lisfranc sincerely applauded the zeal of M. Amussat, and the ingenuity of his plan, but doubted whether it would be possible to extract deep-seated arteries sufficiently to employ the new method. As to the torsion of veins, he should be disinclined to perform it for fear of inducing phlebitis.

## CALCUTTA.

ANNIVERSARY DINNER OF THE MEDICAL  
AND PHYSICAL SOCIETY OF BENGAL.

[From the "Calcutta Government Gazette," March 5, 1829.]

THE MEMBERS of this flourishing scientific institution, held their first anniversary dinner on Monday evening, the 2d instant, at the apartments of the Asiatic Society.

A little after seven o'clock, the party, consisting of the resident members of the Society in and about Calcutta, and several extra professional guests, well known for the interest they take in every thing connected with the advancement of science, sat down to a most sumptuous dinner, prepared by Messrs. Gunter and Hooper. Mr. H. H. Wilson, the vice president, in the absence of Mr. Gibb, the president of the Society, took the chair, and was supported by Dr. Mellis as vice.

After the removal of the cloth, the following toasts were drunk amidst cheers and the loudest applause. In proposing, as the first toast, the *Prosperity of the Medical and Physical Society of Bengal*,

THE CHAIRMAN said this might appear, upon the first glance, to be drinking their own health; but he proposed the toast in a much more extensive sense. The prosperity of the Society was intimately linked with the credit of the profession in India, it was the channel by which the observations and experience of distant members were brought together, and made common property; and this afforded to the medical men in Europe an opportunity of measuring the acquirements and exertions of their brethren in this hemisphere. There was a still more important consideration connected with the subject, and the diffusion of valuable professional information could not fail to be

attended with advantage to every order of the community. He had, therefore, no hesitation, but had pride and pleasure, in proposing the *Prosperity of the Medical and Physical Society of Bengal*.

In proposing the second toast of the evening, the Chairman observed, that if the members of the Society felt happy in their association, of which no doubt was entertained, the least they could do was to express their acknowledgments to the individuals, to whose suggestions and exertions the Society owed its origin. The institution was not the act of any one individual, he believed. Several concerned in it, who were still amongst the members, and whose modesty he would not wound by naming them, could equally claim their share in that meritorious task. But there was one gentleman, no longer amongst them, whom he could name as one who had mainly contributed, by his zeal in the cause, to the establishing of the Society, and who first gave interest and effect to its meetings. He proposed, accordingly, the health of *Doctor James Hare*, one of the founders, and the first president of the Society.

The next toast was *Mr. Gibb*, the president of the Society, who, the Chairman stated, was prevented by unavoidable circumstances from being present, but whose good wishes were with them, and he trusted that, at the next anniversary, he would be there to occupy his own chair, which he, the vice president, felt himself every way incompetent to fill.

The fourth toast was the *Medical Boards of Bengal, Madras, and Bombay*, as the patrons of the Society; and the Bengal Board was particularly adverted to, as having always given the most cordial and liberal encouragement to the Society.

MR. DICKESON returned thanks on the part of his colleagues and himself, and expressed their continued interest in the proceedings of an institution so creditable to the profession in India, and of such general utility. He concluded by proposing the health of the vice president, *Mr. Wilson*, to whose zeal and attention the Society was, in a great measure, indebted for its continued activity and flourishing condition.

THE CHAIRMAN returned thanks for the compliment paid him, and expressed his regret, that he should not have had it in his power to have deserved it better; but as the members were well aware, circumstances had withdrawn him from the direction of medical duties, and he came amongst them under disqualifications, which claimed their indulgence. He had never ceased, however, to take a lively interest in the objects of a profession, to which it was his greatest pride to belong; and he should be ready, on all occasions, to promote them to

\* To the two cases mentioned by M. Amussat, in the previous sitting of the Académie Royale, in which the torsion was employed in the human subject, another is to be added, the report of which will be found in a subsequent column.

the best of his power. If any success had hitherto attended his exertions, and those of the Society, the merit was chiefly due in another quarter; and it was owing to the ability, zeal, and activity of the *secretary*, that the proceedings of the Society continued to prosper. It was, therefore, but an act of justice to that gentleman, to express their acknowledgments in the usual form; and he therefore proposed the health of *Dr. Adam*, the secretary to the Society.

*Dr. ADAM*, in returning thanks, stated, that it would be affectation in him to pretend to deny, that he had done every thing in his power to promote the prosperity of the Society, although the flattering tribute just paid him, was to be attributed less to his deserts than the partiality of his friend in the chair. It was true, however, he had always taken the strongest interest in the welfare of a Society, the objects of which were the credit of the profession, and the benefit of mankind, and he only regretted that he could not give better expression to the sentiments by which he was actuated.

*Mr. TYTLER* then rose and observed, that it would be unbecoming the Society to forget those members who were at a distance, and who were thus alone prevented from expressing the interest which, no doubt, they took in the evening's proceedings. He therefore proposed—the *absent Members of the Society*.

The next toast given was—the *Asiatic Society*, to whom, the *President* observed, the Medical Society was indebted for the house over their heads, the Asiatic Society being ever ready to furnish accommodation to the assemblage of all parties, congregated for objects of a liberal nature. Independent of this special claim, he trusted that the members of an enlightened profession, necessarily of both literary and scientific education, would ever regard, with interest and respect, an institution founded for the investigation of man and nature in the East; and that they would ever continue, as far as their professional leisure admitted, to bear a part in such researches. It was, indeed, scarcely necessary to intimate such a wish, as the claim was recognised, and the Asiatic Society counted a large proportion of medical men amongst its most active members, whilst the pages of its researches presented the names of others eminent for Oriental acquirements—such as the late *Dr. William Hunter* and *Dr. Leyden*.

*Mr. R. M. MARTIN* rose, and proposed the health of the *Members of the Bengal Medical Service*, whose character, he observed, stood high in every part of the world which he had visited, and he had been in most parts.

*Mr. MELLIS* returned thanks on behalf of

the service, and gave the health of *Mr. Martin*.

*Dr. ADAM* rose, and proposed the health of the guests who had honoured the party with their presence, and hoped the Society would often have the gratification of meeting them on similar occasions.

*Dr. DRYSDALE*, of H. M. 16th Regiment of Foot, returned thanks. There were two modes, he said, of acknowledging the compliment, by the eloquence of silence, or that of speech. Though he could not pretend to the latter, he could not content himself with the former, and therefore ventured to express, for himself at least, the acknowledgments he felt due to the toast.

The *CHAIRMAN* next proposed the health of *Sir James Macgregor*, and his *Majesty's Medical Service*, prefacing the toast by the expression of his wishes, that the Medical Officers of both the King's and Company's Service, might ever acknowledge that brotherly affinity which should always prevail between them.

The next toast was—*The London School of Medicine*, in which, the *CHAIRMAN* observed, he had been educated, and to which he looked with reverence, as to his Alma Mater. If the expression of his regard were a weakness, it was one which he was sure those who heard him, would forgive.

*Dr. MELLIS* proposed, *Dr. Munro*, and the *Medical School of Edinburgh*. Many who heard him, he knew, were under no small obligation to that school, and would be glad of an opportunity to give expression to their gratitude.

The *CHAIRMAN* then rose, and gave—*The Dublin School of Medicine*, expressing, at the same time, his hope, that no other feeling would ever animate the three great British Schools, than a generous emulation in the perfecting of medical knowledge.

*Dr. FRITH* proposed—*The French Medical School*, the peculiar excellencies and brilliant researches and discoveries of which, he felt sure, would, on such an occasion, not be lost sight of.

*Mr. TYTLER* next rose, and stated, that whilst due acknowledgments were paid to the different schools of medical knowledge, those most eminent as teachers should not be forgotten; and he therefore had much pleasure in proposing the health of his preceptor—*Mr. Abernethy*.

*Dr. MELLIS* rose and said, that the health of *Mr. Wilson* had already been drunk in his official relation to the Society; but he proposed his health then, as an individual, who, by his learning, his manners, and his general character, was entitled to every mark of respect they could pay; and he felt the greater pleasure in proposing the toast,

as the talented but modest person, to whom it applied, had retired.

Dr. MILLIS then observed, that as due honour had been paid to various medical schools, it would be a great oversight in him to forget his own Alma Mater, which though, perhaps, of less celebrated note, yet was a highly useful and honourable seminary, and one which was daily founding more and more solid claims to respect as a medical one. Of men attaining an eminent reputation, who had received their education at that university, it would be sufficient for him then to mention Sir James Macgregor, and Doctor Abercromby of Edinburgh. He would therefore conclude, by proposing the toast of—*Dr. Frisch, and the Aberdeen School of Medicine.*

Dr. MILLIS next proposed the prosperity of a school which was fast rising to the highest repute, and could number amongst its professors men of the most eminent acquirements. He therefore gave *Dr. Jeffray, and the Glasgow School of Medicine.*

Mr. RONALD proposed the health of *Sir Antley Cooper.*

Mr. GRANT rose and stated, that all who heard him were so well aware of the influence of the press in matters of general interest, that it would be quite superfluous in him to dwell upon it. The beneficial effects of this mighty engine had also been experienced in medical literature and practice. *Of late years, especially,* the operations of the periodical medical press had been manifested in the most signal and efficient manner, and had produced a most striking impression. To one individual more particularly—the conductor of a London Weekly Medical Journal, was the profession in general greatly indebted—for his unremitting exertions in calling into action all the energies of scientific research; for his intrepidity in exposing great abuses, and the unwearied zeal with which, in spite of considerable obloquy, he continued to give a stimulus to every department of the profession, more especially the practical, in the great arena of the British metropolis. It had been objected to that periodical, that it was characterised less by the *suaviter in modo*, than the *fortiter in re*. Such objections, however, considering the great good that had been effected by it for the profession at large, and however gravely some interested individuals, whom they particularly affected, might view them, were comparatively of little weight, especially when they recollected the salutary exposure which had been made by THE LANCET, of abuses that weighed like an incubus on the profession. By the skilful and determined use of a sharp and brightly-polished instrument, the Editor of that useful and fearless work, had laid open numerous receptacles of mor-

bid humour, which had threatened the very vitals of the profession. He would therefore propose—*Mr. Wakley and Medical Literature.*

Dr. ADAM proposed the health of one who had done much for medical science practically, and by his writings; and who, since the institution of the Society, had taken a warm interest in its proceedings—one whose eminence in the profession stamped a value upon his good opinion, which the Society could not but duly appreciate—*Dr. Andrew Duncan, junior, of Edinburgh.*

Mr. GRANT, no less from his sense of what the Society owed to his unremitting zeal for its welfare, than the regard he felt, when officially connected with him, as a most kind senior officer—began to propose the health of *Dr. Mellis.*

Dr. GRAHAM, in a short and animated speech, alluded to his having himself but recently left the Bengal medical service—but he could assure those who still belonged to it, that he continued as warmly as ever to cherish an interest in the welfare of his brethren—he would therefore propose, as a toast—*Better days to the medical service.*

Mr. GRANT, for himself and brethren of the service, returned thanks for the kind wishes expressed by his friend, and he cordially hoped for their fulfilment.

The Press then observed, that the life and soul of all institutions was the proper management of their ways and means. In that respect they were particularly fortunate in having for their treasurers, *Messrs. Mackintosh and Co.*, whose solicitude for the welfare of the Society had, from the very first, been as kind as it continued unremitting, and whose healths he proposed.

Mr. CALDER returned thanks.

Dr. MILLIS next said, that they must not forget those who were no longer in the practice of the profession, but whose career in it had been equally creditable and prosperous. He had much pleasure in proposing the health of *Mr. R. Browne*, and those gentlemen who had quitted the walks of the profession for other avocations of a no less important and honourable nature.

Mr. BROWN returned thanks, after which various other toasts were drunk, and the party separated at a late hour, after a most pleasant and agreeable evening.

#### MIDWIFERY.

Mr. WATSON has published \* a half-yearly report of cases in midwifery, which have occurred in the northern district of the London and Southwark Midwifery Institution, from which it appears, that of 182

\* Med. and Phys. Journal.

women who have been delivered, 95 of the children were males, and 87 females; and that 14 were still born. The presentations were natural, with the exception of four; and of these, two were footlings, one was placenta and back, and one face presentation.

In both of the footling cases, the children perished. In one, profuse hæmorrhage preceded the birth of the child, and continued, notwithstanding the use of cold and friction; the womb was emptied, and on examination, the vagina was found to be filled with coagula, in the midst of which was a foot; this being secured and brought down, the hæmorrhage instantly ceased. In consequence of a contracted brim, some little difficulty was experienced in bringing the head through this part of the pelvis. The patient had a good "getting up," although she remained exhausted for some time after delivery.

In the other case the female was suddenly delivered, the body of the child being born before she sent for her medical attendant. (Owing to this circumstance, the head was detained in the vagina, the circulation through the chord was interrupted, and the infant died.)

In the case of placenta and back presentation, the patient was advanced a little beyond the sixth month of pregnancy, and Mr. Waller was summoned in consequence of a sudden gush of blood following the discharge of the waters. On examination, the placenta was found attached to rather more than half the circumference of the os uteri; the hæmorrhage, in consequence of the tonic contraction of the uterus, was exceedingly trifling: in fact, there was no more discharge than there frequently is in a natural labour. The pains just then a little flagging, but still, during their intervals, the child was closely embraced by the womb. The presentation could not be distinctly ascertained at first. After a short period the pains increased, pushing down the placenta first, and the child afterwards, which, although a presentation of the back, was expelled, double, with tolerable ease; the uterus all this time retained its contraction so firmly, that the bleeding did not return, which rendered it unnecessary to interfere manually.

The face presentation happened to a patient whose pelvis was of good size, and where there was plenty of secretion, and, therefore, no great difficulty was experienced, although the labour was, of necessity, rendered more tedious and severe than under ordinary circumstances. The child's face was very much tumefied, but regained its natural appearance after a few days.

The induction of premature labour was

required in one case, in consequence of great deformity of the pelvis. This female had been pregnant eleven times previously; she had three times been allowed to proceed to the full period, and each time it was found necessary to open the child's head; the remaining eight times, labour had been brought on at the seventh month, but none of the children survived long. "I this time punctured the membranes on the 8th of June; on the 10th, slight labour pains commenced; and on the 11th, early in the morning, the fœtus was expelled. This patient had been deceived in her reckoning; for, although she stated herself to have completed the seventh month, it was evidently not more than a six months' child. The fœtus was born living, but it never breathed."

EXCISION OF THE UPPER JAW BONE.

By JAMES SYME, Esq., Surgeon of the Surgical Hospital, Edinburgh.

WILLIAM DONALD, aet. 54, entered the Surgical Hospital on the 11th of May, on account of a large swelling of the left cheek. The tumour was about the size of a turkey's egg, firm, projecting, and circumscribed. It seemed to occupy all the maxillary bone, extending into the mouth, but not passing beyond the mesial plane of the palate, and reaching up to the lower edge of the orbit. It had existed ten months, and was rapidly increasing. Under these circumstances, Dr. Ballingal and Mr. Nasmyth agreed with me in thinking that the patient's speedy destruction was inevitable, if the disease were left to itself; that an attempt to dig out the tumour would be inflicting pain, without the smallest prospect of permanent benefit; and that the case was a very fair one for practising excision of the entire superior maxillary bone.

In the presence of the gentlemen above mentioned, and the pupils attending the hospital, I proceeded to do so on Friday the 15th. The patient being seated on a chair, I made a crucial incision by cutting from the zygoma to the angle of the mouth, and from the inner angle of the eye to the angle of the jaw. Having dissected back the flaps thus formed, so as to bring the external surface of the tumour completely into view, and tied the facial artery together with two transverse facial branches of the temporal, I partially divided the malar bone with a saw, and completed its section by means of the cutting pliers. I then, partly by dissection, partly by pushing with the handle of the knife, separated the contents of the orbit from the floor of that cavity; next placing one blade of the cutting-pliers in the nose, the other in the orbit, divided

the nasal process of the maxillary bone, and cut through the hard palate in a similar way, having previously extracted one of the incisor teeth.

So far I had calculated that the operation would be nearly bloodless; but to prevent troublesome hæmorrhage in executing what remained, it seemed to me proper to get command of the internal maxillary artery. In order to do this, I made a small incision below the ear, and dissected through the parotid gland, so as to enable Dr. Hallingal to compress the vessel between the point of his finger, and the neck of the lower jaw. I then readily and fearlessly turned out the tumour, and we were pleased to see that the artery was as effectually subjected as the femoral ever is by the best applied tourniquet. We were less pleased to observe that the morbid growth was not confined to the maxillary bone, but extended to the sphenoid, in the base of the skull.

Having done all that we proposed, and all that could be done, we determined to try nothing more. I therefore brought the edges of the cheek together by sutures, and sent the patient to bed. The blood lost was measured, and found to be ten ounces. The patient suffered no constitutional disturbance, and was walking in the garden on the third day after the operation.

Though there is still no appearance of the disease recurring, there can be little doubt that the result will be no exception to the usual one of such cases; but knowledge of the facts that the inferior maxillary bone may be completely excised, and that the hæmorrhage of the internal maxillary artery may be effectually restrained by pressure of the vessel at its origin upon the neck of the jaw, may be useful in future, by inducing surgeons to practise excision, while the disease remains within accessible limits.—*Edinburgh Med. and Surg. Journal.*

Mr. Syme's communication is dated June 16th, and he promises to give the result in the next number of the journal. It needs no ghost from the grave, to say what that result will be.

#### INFLAMMATORY DISEASES OF THE EYE TREATED BY STIMULATING APPLICATIONS.

There are but few of our readers, we presume, unacquainted with the fact, that Author Guthrie has a method, peculiar to himself, of treating inflammatory diseases of the eye. Discarding the old-fashioned doctrine of the eye being a delicate organ, and acting upon the principle that "one fire puts out another," he uses the most powerful stimulating applications in cases of acute as well as of chronic inflammation;

and, if we may credit the reports drawn up under Mr. Guthrie's "direction," the stimulating plan of treatment, in most instances, has been "eminently serviceable." The subjoined are examples of the purulent ophthalmia of infants, treated according to this method:—

1. Edward Champion, ætat. five weeks, was admitted Jan. 8th, 1829. The left eye was observed to be weak the day after he was born, but no discharge was observed until the next day, when it was in great quantity; three days after, the right was found to be in the same state; the discharge is now thought to be less. Has had advice, and used lotions externally; has taken opening medicines likewise; his mother is subject to fluor albus. The ung. arg. nitrat.\* was applied, after syringing out the eyes with lotio aluminis; which was ordered to be used several times a day, on alternate days.

10. The discharge is considerably less; the eyes are much better. Rep. ung. et lotio.

13. Nearly well. No discharge, except a very slight one in the evening. Opens its eyes with ease. Rep. ung. et lotio.

15. Cured.

II. Edwin Carter, ætat. eight weeks, admitted Feb. 19, 1829. The right eye was first affected about three days after birth; the left, a day or two later; it commenced with a great discharge of matter; the lids were much swollen; conjunctive of both eyes much injected; lids still swollen; discharge great; child restless; cornea of the left eye clear, of the right ulcerated and blind. Has had a leech applied at three different times; blisters to the temples; has taken alteratives and used lotions, without effect. Mother subject to fluor albus. A. p. hirudines ij. it. m. dextr. u. g. argent. n. r. ad sig. ocul. l. r. eyes to be syringed out every hour with the lotio aluminis. Ol. ricini, ʒi. secundis horis donec solvetur albus.

24. Freely purged by the ol. ricini. Can open his eyes himself. Discharge has ceased. Lotio aluminis.

27. Cured. In attendance on account of a leucoma remaining in the place of the ulcer, which has healed.

III. Edward Shaughelley, admitted March 26, 1829, ætat. three weeks. The disease began about four days after birth, and has

\* The formula for this ointment is as follows:—

R. *Argent. nitrat.* gr. ij. ad gr. x.; *liq. plumbi subacet.* gutt. xv.; *ung. catenac.* ʒi. The argentum nitratum is first reduced to an impalpable powder, then mixed with the ointment, and the liquor plumbi added.

continued nearly three weeks. Great discharge; lids much swollen; child restless. Has had leeches applied twice; lids have been scarified. Mother has *fluor albus*.

The discharge is rather less; cannot open his eyes himself. On examining the left eye, the cornea appeared muddy, and had a speck on the centre; the conjunctiva much injected. The right eye could not be examined at that time, owing to the patient's resistance. In a few days afterwards it was examined, and appeared very like the left. Applic. ung. argent. nitr. sing. ocul. Ung. zinci nocte utend. ad palp. Lotion aluminis sextis vices utend. in die alternâ. Pulv. alter. nocte sumend. Infus. sennæ manè.

28. Discharge as much as ever; lids less swollen; eyelids more easily opened. Continue treatment.

31. Better; discharge less.

April 4. Opens his eyes easily; discharge less.

9. Very little discharge.

11. Left nearly well; right much better. Continue treatment.

13. Left cured; right discharges still a little.

18. No discharge. Lotion continued.

21. Cured.

IV. Mary Kennard, ætat. twelve weeks, admitted March 28, 1829. Lotion aluminis alone employed.

When five days old, the left eye became inflamed, and discharged yellow matter the next day; the right was not affected until yesterday. Two leeches were applied near the inner canthus on Wednesday; they bled profusely. Infant is restless at night. Has had castor oil frequently. Lotion aluminis *sæpe* utend.

30. Much better; opens her eyes. Cont. lotion.

31. Continues better. Rep. lotion. Has beat pulv. alter.

April 4. Improving. Rep. lotion et palp.

7. The discharge more abundant; most from the right eye. Applic. ung. arg. nitr. ad oculis dextro. Lotion ad ocul. sinist.

10. The right eye is the best.

21. Better. Discharge thicker, much the same in quantity. Rep. ung. dextro, et lotion ad sinist. Pulv. alt. rep.

32. Discharge much less; can open her eyes much better. Repeat.

27. Nearly well; discharge very slight. Rep.

30. Discharged cured.

## ON REDUCTION OF DISLOCATIONS.

By Dr. PENNECK.

To the Editor of THE LANCET.

SIR,—I hope you will indulge me with a small space in an early Number of THE LANCET, that I may defend myself against an attack made on me in the London Medical Gazette for January, 10th ult., by Mr. John Hilton, and with which I was unacquainted till within a few days. Mr. Hilton seems to be angry, because, in my paper on dislocations, LANCET, Nov. 29th ult., I have presumed to oppose the theory which Mr. Key had applied to dislocation of the radius forwards.

Under the impression that every man ought to make known an important improvement, I published my method of assisting, by the tape or bandage, in the reduction of dislocations; and thinking it would be useful in dislocation of the radius forwards, I endeavoured to show how it might be applied, and, *en passant*, noticed the memoir of Mr. Key. As the theory of that dislocation, brought forward by a gentleman of so much experience as Mr. Key, was at variance with the opinion I had formed, and, if he were in error, might be very injurious to practice, I resolved to compare it with the observations of Mr. Pott. I think I have combated, successfully, the position of Mr. Key, respecting the band of the interosseous ligament being sufficient to prevent reduction, unless extensively torn, by showing, that that ligament, from its mobility, came under the same observations as the capsular ligaments of the joints. As the whole tenor of my quotations from Mr. Pott went to show, that any state of the ligaments was of small importance in the reduction of dislocations, it is entirely unnecessary to reply to the misrepresentations Mr. Hilton has made respecting them. He says, "After unnecessarily alluding to several passages in Mr. Pott's works, to establish the fact of less power in making extension at a distance from the luxated bone, and this increased, as every tyro knows, by a number of intermediate, moveable, and extensible points at the joints, he adds, *hence* then the 'true cause' (in *italics*) of all your difficulties is ascertained!" I need only remark, that Mr. Hilton, as well as many tyros, may be perfectly well acquainted with these matters after they have been explained. Let him show where in to be found my observation, that extension made from the hand, through the three articulations of the carpus, must require eight times the force that would be necessary could extension be made from the carpal extremity of the radius; and from this important fact, I infer—

red that the same great advantage would attend my method of forcing on the head of that bone by the tape.

Mr. Hilton has brought forward the experiment made by Mr. Key on the dead body in so triumphant a manner, that I am induced to examine its claims to such confidence. Mr. Key says,—"In order to understand the nature of the dislocation, and the manner in which the muscles act in preventing reduction, I endeavoured to dislocate the head of the radius forwards on the external condyle, having first divided the coracary, capsular, lateral, and oblique ligaments, and also a portion of the interosseous; notwithstanding this free detachment of the head of the bone, I found that the radius could not be moved upwards towards the external condyle by any force that I could employ, nor, indeed, can such motion be given to the bone while the connexion between the radius and the carpus remains entire. Complete dislocation at its carpal extremity is requisite to allow this upward movement of the radius, which the fibres of the interosseous ligament alone can prevent."

I will now make it appear, that this boasted experiment does not apply; first, because the same parts in the dead and in the living body are under totally different circumstances. In the former, the muscles of the arm, and the articulations of the carpus, are all yielding and flexible. In the latter, a person who is falling and attempts to save himself, not only stretches out his arm, but acts, as strongly as he possibly can, with the muscles, and thus causes the articulations of the carpus to become fixed and rigid. Secondly, the force applied by Mr. Key to produce dislocation in the dead body, was also totally different from that force which produces this dislocation in the living, for it is clear Mr. Key endeavoured to push the bone upwards. But if a person falls with the arm stretched out, and quite rigid, and the heel of the hand comes in contact with a hard substance, the shock which the articulations of the carpus must communicate to the radius, nearly in a line and in close contact with them, is infinitely more powerful than the puny push Mr. Key could exert; it is the force of percussion, sufficient to start all the articulations of the radius. If Mr. Hilton wishes to be informed to what extent the force of percussion may be carried, he may form some notion of it, by looking at "an experiment made in the Portsmouth dockyard; the result of which was, that a man of medium strength, striking with a mallet weighing 18 lbs., the handle of which was 44 inches long, would start a large iron bolt, about one-eighth of an inch every blow; but that it required a pressure of 107 tons to press the same bolt down to

the same extent."\* Mr. Key is applying his observations only to the radius, when he says: "Nor, indeed, can such motion be given to the bone, while the connexion between the radius and the carpus remains entire." Surely this overwhelming shock, received by a fall on the heel of the hand, may make the carpus follow up the radius by the side of the ulna, and as the latter bone is "excluded from the general cavity of the wrist joint," the connexion between the radius and the carpus may remain entire. Mr. Key says, "It must be apparent, from the situation of the radius on the coronoid process of the ulna, that extension alone can effect nothing towards the reduction. Nor, indeed, is the principle on which extension by the hand is adopted, correct; for extension by the hand cannot be made to act on the radius independently of the ulna, as long as the ligaments connecting their carpal extremities are entire; they are virtually one bone, and are equally extended by a force acting through the medium of the carpus." From this passage I must dissent, as far as extension by the hand is concerned. Sir Astley Cooper has ascertained by experiment on the dead body, that it is apparent, "from the connexion of the hand with the radius, that that bone alone is acted upon; and by excluding the ulna from the force applied, the radius sustains the whole extension." The connexion of the radius with the ulna at the wrist, is only lateral; the ligament possesses mobility, therefore they are not virtually one bone; and as the carpus can draw the radius downwards, I can see no reason why it may not also force it upwards, independently of the ulna. A glance is sufficient to see, that though the radius was reduced by Sir Astley Cooper by extension from the hand, yet if the ulna alone had been dislocated instead of the radius, extension by the hand would not have reduced it; for much of the force applied must have been lost on the radius. Mr. Hilton says, "Forcible rotation inwards, or pronation, with counter pressure on the ulnar side of the head of the radius, to prevent its rolling still further on the coronoid process, appears to be the best means that can be employed in reducing this dislocation, and not extension, as Dr. Penneck imagines." Mr. Key, in his memoir, accounting for Sir Astley Cooper's success in reducing the radius by extension by the hand, "in which he placed the arm bent over the back of a sofa," says: "But in this position of the limb, it is highly probable that forcible supination was at the same time taking place—a movement calculated to reduce the dislocated bone, when it is not much advanced on the coronoid process." He afterwards says, "But

\* *Mechanic's Magazine*, June, ult.

in a more difficult case, when supination of the limb fails, in consequence of the tension of the interosseous ligaments, the surgeon can convert this opposing band of ligament into an *auxiliary* in the attempt at reduction by *forcibly pronating the hand*. This can be understood by observing the twisting of the interosseous ligament in the ordinary position of the dislocation, and the effect of supination and pronation upon its fibres. In supination, the lower fibres of the ligament are relaxed, while the upper are rendered tense; in pronation, the contrary takes place. The first attempt at pronation is attended with difficulty; but as soon as the spine of the radius becomes turned towards the ulna, the interosseous ligament draws the head of the radius outward and backward into its place. Some assistance may be obtained by pressing the head of the bone outward, and bending the arm, to relax the brachialis interior muscle." This seems altogether a most extraordinary hypothesis, unsupported by any case, and in opposition to Sir Astley Cooper, who has produced both a case and dissection proving the contrary.

I have shown by "evidence" sufficiently "demonstrative," the fallacy of Mr. Key's deductions; and let it be remarked with what disadvantage this twisting system is carried on, when employed without extension by the hand. At the whole length of the radius its head is to be moved by a turn of the hand. This effort is only assisted by pressure on the head of the bone by the thumb, but is opposed by muscles and the dreaded interosseous ligament, but now brought forward as an auxiliary, and perhaps I may safely add, by the articulations of the carpus. Then compare this method with extension by the hand, "where the radius sustains the whole extension," assisted by the tape, powerfully forcing on the head of the radius in spite of all resistance. This method seems applicable, whether the radius may be thrown out the coronoid process only, or also on the condyle. Where then is Mr. Key's with all the pride of "personal observation?" *Hen quantum est in rebus inane.*

My object in the relation of Payne's case, was to show that pressure on the head of the radius by a tape or bandage, could be applied, and must greatly assist in bringing that bone to its proper situation. It gave me the opportunity of making the same experiment with the tape, which dislocation of the radius alone would have done. I have not asserted that Payne's case was simply dislocation of the radius; indeed I mentioned circumstances showing there was much other injury to the elbow-joint. Payne says he fell on the palm of his hand; both bones must have received such a shock through the carpus, as to produce a

diastosis of their proximate extremities, throwing the radius on the external condyle, and having fractured the coronoid process, driving the ulna further backwards under the trochlea of the humerus. I conceive, if the lateral connexion between the radius and ulna had given way, that it is probable the head of the radius alone would have been dislocated by the carpus forcing the radius up by the side of the ulna. It seems to me that such a shock might produce a different injury, or a different degree of the same injury, according to the direction in which it was received, and according to the relative weakness of particular articulations.

My method of reducing dislocations by pressure on the head of the dislocated bone, absurd as Mr. Hilton may imagine it, has evidently, in the hands of Mr. Brodie, succeeded in reducing a dislocation of both radius and ulna backwards at the elbow-joint, accompanied with fracture of the radius near the wrist, and that, too, at the end of twenty-four days from the accident, and when all other methods had failed; see *London Medical Gazette* for June 6th, ult. The reporter observes: "The mode of reduction became a question, as the fracture of the radius was by no means firmly united, and presented, as it appeared, an insurmountable obstacle to the employment of extension from the wrist. The patient was seated in a chair; a folded towel was passed round the upper arm, and committed to three assistants; another rolled towel was hitched round the prominent olecranon, and also committed to three assistants. The former made the counter-extension, by pulling towards the left side; the latter, the extension by pulling towards the right; at the same time, the forearm was well flexed, by another gentleman. The extension, counter-extension, and flexion, were commenced; Mr. Brodie was manipulating the joint, when the extending towel fairly slipped from the prominent olecranon, and, at that instant, the reduction took place. 'Mr. Brodie' (perhaps mistaken) 'believes that the flexion of the forearm was the chief agent in effecting it.' No doubt flexion assisted; but as it had failed before, it seems very certain that reduction would not have been accomplished without the towel hitched round the prominent olecranon. Let any one read my account of reducing the dislocated wrist of Currow's wife, in the paper in *THE LANCET* before quoted, and then let him say if I am right. 'I bent the forearm to a right angle with the humerus, where it was held by an assistant; and having placed the tape of a tourniquet on her arm, immediately above, and partly against the dislocated carpal bones, I tied it gently on the opposite side. I then twisted

the ends round my left hand, and with my right grasped her hand. I made the extension with both hands, and in an instant, and when I was employing very little force, the bones passed into their places, the tapé slid down on the wrist, and the woman exclaimed, 'the bone is in;' and well she must have known the feeling, as she had before dislocated the wrist of the other arm. In Mr. Brodie's case the extending towel slipped from the prominent olecranon, at the same instant in which reduction took place; which clearly shows that the towel causing the pressure on the head of the bone, as I have recommended, was the cause of the reduction. If asked why it slipped, I would answer, because the olecranon, being reduced, was no longer prominent—in fact, because it was forced by the towel into its proper situation.

If ever there was a case in point, this is one; and I congratulate the public on the discovery of a sure method of reducing dislocations, which were proved to be irreducible without it. I am, Sir, your humble servant,

Pennance, Aug. 15. HENRY PENNECK.

#### SOUND CHIRURGICAL IN THE COUNTRY.

##### To the Editor of THE LANCET.

SIR,—You have well and truly designated hospitals and infirmaries "human slaughter-houses;" and after your able expositions, those who contribute to their support can be regarded in but little better light than as abettors of the human, or rather inhuman, butchery therein perpetrated. I wish, Mr. Editor, you could contrive to visit the country hospitals a little more frequently; I assure you the surgeons attached to them require bleeding *ad libitum*, from which operation, indeed, if some of them never recovered, it would greatly add to the safety, and expedite the recovery of, their patients. (Oh! Mr. Editor, "I could such scenes unfold" but that I do not wish to convert each particular hair of yours into a porcupine's quill. With the point of your LANCET you are sufficiently formidable already, but do, pray do, give us poor wee-wee, pale-faced, town surgeons, a little time to recover from your copious evacuations, and, in the mean time, phlebotomise our country consins.—Our newys, you know, we provide for in Luncheon. I will give you a hint or two, and a case or two, to begin with. At a town and county hospital, lately got up for the benefit of some young gentlemen, (the senior surgeon is 25,) whose papas, confessedly, were, and who had the honesty to acknowledge themselves to be, unequal to fill the

surgical offices to the establishment, the following cases occurred.

**CASE 1.—Wound of the Superficial Palmar Arch.**—In this case compression was tried, which proved effectual—not in suppressing the hæmorrhage, but in bringing on threatening symptoms of mortification of the hand; it was then suggested by one of the wisacres that it might be proper to secure the artery—"What artery?" "The radial, to be sure." The radial artery was tied, but as that vessel happens to form the deep-seated instead of the superficial arch, it was not found quite so successful in restraining the hæmorrhage as had been anticipated; it was, therefore, proposed, in consultation, that the ulnar artery should also be secured. No sooner said than done; the ulnar artery was tied, and, *mirabile dictu*, the bleeding ceased, and, what is still more wonderful, the patient recovered.

**CASE 2.—Lithotomy.**—In this case the operator seemed to have established it in his own mind, that every part in the neighbourhood of the prostate gland and neck of the bladder might be cut *ad libitum*, but that these parts were not to be profaned by knife or gorget. Upon this principle the rectum, and parts adjacent, were freely divided—and, *mirabile dictu*, the patient died!

**CASE 3.—Lithotomy.**—The surgeon, in this case, performed the different parts of the operation tolerably well, and, with the assistance of a long-fingered gentleman, who kindly placed the stone in the forceps for him, succeeded, *mirabile dictu*, in extracting it in about eight minutes. This patient recovered.

**CASE 4.—Lithotomy.**—A boy, about seven years of age, was placed upon the operating table, where he was detained one hour and twenty minutes only. This turned out to be a Sultana case, no stone was to be found; this boy was put to bed, and, in due course of time, was discharged, *mirabile dictu*, cured.

Within one little month after this last event, a vote of thanks was moved, by the governors of "this most excellent charity," to the surgeons, for the skill displayed in the performance of their operations; and this, Mr. Editor, is "Country Hospital Practice." Yours,

ANTI-HUMBUG.

London, August 21st.

#### THEOLOGICAL ANATOMY.

##### To the Editor of THE LANCET.

SIR,—Your country correspondent, M. R. C., thinks your pages should not be occupied with discussions about "the vital principle, mind or soul, and such metaphy-

nical nonsense," and is pleased to term Mr. Dermott and Mr. Thomas "metaphysico-theologico-anatomists, whose theories, or rather incomprehensible reveries, betray their ignorance of the subject." To remove this ignorance, he is kind enough to refer them for "a full and true" account of "the soul and spiritual system," to Mirabaud's *System of Nature*. With regard to the first, it is your province, and yours alone, I conceive, to say what papers shall be admitted and what not into your Journal; and as to the second, I do not see why a person should be a worse anatomist for being a metaphysician, and the probability is, that he will be a better man by being a religious one. Mr. Dermott and Mr. Thomas are fully sensible, I doubt not, of M. R. C.'s kindness, in wishing to enlighten their dull understandings, as also of the polite mode in which that wish is conveyed.

For the information of those who have not seen, or perhaps never before heard of, this book which M. R. C. recommends, I will take leave to tell them what kind of a book it is. What goes by the name of Mirabaud's *System of Nature*, (*Système de la Nature*) was written a few years previously to the French Revolution, by a Frenchman of the name of Diderot, of the school of Voltaire and Rousseau, and badly translated by a radical surgeon of the name of Hodson. Its style (I speak of the original) is not inelegant, but the work is prolix, verbose, and tautological; it is termed the bible of atheism. It denies the existence of the Deity, that of the soul, that of a future state, as also the free agency of man. In place of these we have fatalism, or necessity; the eternal sleep of death;\* materialism; and for God, a goddess under the name of Nature.† Though to common understandings the world which we inhabit, with its starry firmament around, its animals, its vegetables, and its minerals, exhibit marks of design and consummate intelligence, yet we are told that this goddess, who produced all things, is without intelligence, and has neither design nor end in view; that she acts necessarily because she exists necessarily, or, as John

Hunter would say, she acts "from the stimulus of necessity," that is, she acts because she does act. These are a few of the dogmata laid down in this work; it is a system of undisguised atheism, gross materialism, and blind fatalism. Should any of your readers, however, take the trouble to peruse it, I trust that, after having done so, they will read the following in the order they stand:—Priestley's Letter to a Philosophical Unbeliever; Helvétius's Sermon on Atheism; Paley's Natural Theology, and afterwards Paley's Evidences of Christianity; Alabiby's Sermons, in illustration of the Evidences; and Barrow's Bampton Lecture Sermons for 1799. I am, Sir, your obedient servant,

JAMES WOODMAN.

Royal Infirmary for Children,  
August 21st.

#### CONFESSIONS OF A BAIL-RUINED MAN.

"Throw physic to the dogs, for I'll have none of it."—*Macbeth*.

To the Editor of THE LANCET.

SIR,—If the following plain statement of facts will enable you to proceed more forcibly in the excellent attempts you are making for the exposure of quackery and humbug, you have my hearty free-will for their publication. If half the young practitioners of the present day are not sick of physic, as it now is only to be followed, then my quotation is misapplied. But truth will do much towards exposing the execrable hypocrisy of those who are slowly undermining the value of a profession, which, placed on a solid basis, is, unquestionably, the most valuable, the most consolatory, but the worst treated of any extant. It is the most numerous and repugnant to the flesh, and deserves to be rewarded other than it is. Alas! how little does the aspiring youth imagine the degradation to which he must be compelled to submit, or else pine out a hopeless existence in misery and despair.

At the onset of my medical career, I entered as a private perpetual pupil with Mr. Brookes, an anatomist, who, no one can doubt, had the most admirable insight into that branch, or, I should call it, foundation, of surgery. I remained during five years with him, three of which were continually passed in the dissecting-room. In order to acquire a more extensive knowledge of pharmacy than a miserable apprenticeship of five years could offer, I entered the Marylebone Infirmary as a resident pupil. There, under the unassuming yet intelligent apothecary, Mr. Goodwin, (whom I shall ever respect, and who will recognise the signs

\* "La mort est sommeil éternel" was, in the early part of the French Revolution, inscribed in all the cemeteries of Paris.

† During the "reign of terror," as it was called, when Robespierre, Danton, Marat, Collet D'Herbois, and others caused the streets of Paris, Lyons, and other places to flow with the blood of their victims, she was worshipped as the Goddess of Reason; and more than once represented by a prostitute riding through the streets of Paris, and the Bible tied to the horse's tail, dragging on the ground.

ture, should it meet his eye.) I gained a valuable insight into the *materia medica* and pharmaceutical chemistry, attending also the medical practice under Dr. Hooper.

Shortly after this I proceeded to Edinburgh, where I was a pupil under the lectures of Professors Gregory, Home, Thomson, and Hope, foolishly flattering myself that knowledge of science was necessary for a medical man's success. How absurd! Humbug, Sir, cant, despicable cant, and chicanery, are the unquestionable qualifications necessary—proofs of a man's art in which have been egregiously omitted in the set of certificates ordered by the College of Surgeons. On my return to London, proud of my profession, and of the men who adorned the professor's chair, I became a dresser at the Middlesex Hospital, and, at the same time, attended the lectures of Mr. Charles Bell. At a convenient time I offered myself as a candidate at the College of Surgeons, where I bought the diploma, and where I found the possession of twenty-two, now obsolete, gold coins were a valuable acquisition. How many times since (with a large family, whose wants have frequently made such a sum desirable) have I looked at the useless piece of paper, and, in my mind's eye, fancied I could see the glittering coin for which it was exchanged. Like the dog in the fable, "I grasped at the shadow, and lost the substance," and I should really be immeasurably happy could I part with the aforesaid valueless memento for half the sum, when rent day unfortunately, now and then, comes inopportunately.

To finish the tale, I entered into practice; but, behold, my youthful theory was erroneous indeed. After ten years of toil and ceaseless anxiety, I found my family springing around me faster than my patients. My patients, alas! were in the hands of the "gratis physician" and the "ignorant druggist." What was to be done in this emergency? Was I quietly to be ousted, and let my children starve? Not exactly. What, Mr. Editor, do you think was the plan I pursued?—"Hocus, pocus, conjurocus." I turned my *private* surgery into an *open* one, clapped "chemist" over the door as well as "surgeon," and got a person to stand behind the counter; and in retailing ounces of salts, and pennyworths of rhubarb, I find that bread and cheese stand a chance of being supplanted by something more delectable to the palate; that the small beer may be transmogrified into home-brewed; and that my nights of sleepless wretchedness are exchanged for sound and refreshing rest!

What can account for all this! The answer is simple enough. The supine negligence of the Council of the College of Surgeons, the partnerships existing between physicians and druggists, and the consum-

mate impudence with which quacks vociferate, and patients swallow, their atrocious falsehoods! I remain, Sir,

A Member of the College!

T. L.

Twickenham, Aug. 19.

#### COUNCIL OF THE COLLEGE OF SURGEONS.

##### To the Editor of THE LANCET.

SIR,—Judging from the information you have, from time to time, laid before the public on the subject of the arbitrary manner in which the Council of the Royal College of Surgeons exert the power which is intrusted to them by the present laws of the College, there can be no doubt that they have not exercised that power in a manner calculated to give satisfaction to, or to advance the interest of, the members, or (to speak more familiarly) the Society of Surgeons. The Council seem to think that *they alone* constitute the "College," and that they descend, when they grant privileges to ordinary members. As the case now stands, a few select members give laws to the whole Society, whilst the *ol wôllol*, who, by the way, are expected to be men of as good education as their lawgivers, have no voice in the senate, no share in making the laws, and not so much as a vote in the election of those who are to make them.

"Can such things be,  
And overcome us as a summer cloud,  
Without our special wonder."

The Council is an unlimited, despotic, oligarchy. The rulers of the Society do as they please, and the members are obliged to submit, if they wish to act according to the laws; but if they wish to be free, they must enforce a reformation of the laws, as the people of England did, when King John asserted the power he possessed hereditarily from William the Conqueror, in a manner somewhat too arbitrary. There cannot be a better pattern of liberty than is to be found in the constitution of England, which gradually attained its perfection by the people unanimously and repeatedly insisting on their rights; the members of the Society of Surgeons should take that for an example, and begin by obtaining their Magna Charta. How that is to be most effectually done, the pages of your able and independent Journal forcibly demonstrate.

Why should not the administration of the College be constructed upon the same principles as the administration of the kingdom? Is not the corporation of the city of London managed in a somewhat similar manner? Let the legislature of the College of Surgeons consist of three principal

divisions; let the president, for the time being, with the court of examiners for his privy council, constitute one part; the council, whether they elect their own body or not, another; and the whole body of the members not on the council, the third part; let the last have a room of their own in the College, or elsewhere, for their deliberations, and let one part have a check on the other: then there will be nothing to complain of. But if it be thought that the assembly would be too numerous if every member had a voice in the newly-formed senate, let a certain number be chosen according to seniority; or make some such regulation as this, "that no member shall be eligible to a seat in the lower house," or whatever it might be called, "until he has been a member ten years." Although it is not my intention to sketch out a code of laws, I may observe, that it would not be advisable to disqualify a member to a seat on account of his dispensing his own medicine, or because he practises obstetric surgery, or because he attends persons whose corporeal aberrations from nature happen to be misde. For my own part, I cannot conceive why pure surgeons, as they call themselves, should be so tenacious of their appellation; or why it is more derogatory to supply a patient with a box of pills than with a bougie. Indeed, a person who does not practise every part of his profession, is only one remove from an eye or an ear doctor; or, if he please, a professor of ophthalmic or acoustic surgery; and a doctor of only one member, from the circumstance of its being thought that he knows more about it than any body else, has a great temptation to become a "quack." Yet we find that a surgeon's purity is requisite, in order to be a member of the Council.

Sir, if a man thoroughly understand the fundamental principles of inflammation, with, of course, a previous knowledge of anatomy, physiology, and other elementary sciences, (for no one would profess geometry, unless he knew one figure from another, and his multiplication table,) he is qualified to attack disease in any form, and no form should be beneath his special notice. When it would be advisable to form the whole medical profession in Great Britain Ireland into one body, might be matter of further consideration; at all events, a surgeon ought not to look down upon pharmacy, nor, indeed, on any thing that tributes directly or indirectly to mitigations, or cure disease. If the march of action go on, we shall have operative surgery, which, of itself, is merely mechanical, only "pure surgery;" and the surgeon will regain his pristine denomination; will be his duty as an operator to remove all extraneous growths, whether hair,

or any thing else. I may observe, in conclusion, that it is not my endeavour to throw ridicule on a profession of which I am a member; but as this communication is directed against the administration of the College of Surgeons, I think that the purity on which it insists, among other things, should be thoroughly investigated. Your most obedient servant,

SCRUTATOR.

Enfield, August, 1829.

#### FLEXIBLE STETHOSCOPE.

To the Editor of THE LANCET.

SIR,—It having been suggested to me, that notice of a modified stethoscope, which has been successfully used in the Royal Infirmary, Edinburgh, would perhaps meet your eye from another pen, if mine were not employed, I beg leave to trouble you with a description of the following instrument. I should not, however, have had the hardihood to obtrude this letter on your notice, had not others, as well as myself, been experimentally satisfied of the truth of the details herein made.

Convinced of the pathological and practical utility of the stethoscope, I have often regretted the great difficulty of attaining accurate knowledge by it, notwithstanding the numerous cases of thoracic disease that have been treated in the Royal Infirmary. This difficulty arises from the great number of medical students in Edinburgh, and who, from their anxiety to attain facility in auscultation, are often denied permission to use the instrument, in consequence of the torture unavoidably inflicted by repeated attempts, and by the frequent changes of posture necessarily required of the afflicted patients. To alleviate the sufferings of the sick, aggravated by the interposition of a timber cylinder between the diseased thorax, and the closely-applied head of the examiner, and, with the exception of the portion in contact with the bed, to enable students to explore any part of the chest of any diseased person, in any position, and in any stage of disease, without pressure or inconvenience to the patient or to themselves are the objects which I have had in view, and obtained by means of a stethoscope of the following kind:—It consists of two tubes, each seven inches in length, and 5-8ths of an inch in diameter, except at the part to be applied to the thorax, where the diameter of the aperture is an inch and a half. These pieces are united by a perforated joint, three inches in length, placed at right angles to their extremities, and fitting into the tubes in the same manner as the joints of a state

are united. They thus permit the main limbs of the stethoscope to form any required angle. The upper end of the instrument is provided with an ear-piece, sufficiently large and concave to envelop the ear. The ear-piece, by means of a moveable joint, can be placed in any necessary direction with respect to the extremity of the tube. The moveable joints are, by a simple contrivance, rendered perfectly airtight. The whole instrument is, in a word, a bent tube.

The following are the advantages it affords:—It conveys at an angle distinct thoracic sounds. It can be applied perpendicularly to any point of the chest, while the angular form precludes the inconvenience of pressure. The auscultator can use it in the sitting posture, with his head seldom deviating from the erect position, and, in some cases, without disturbing the patient while asleep. As it does not require the head of the stethoscopist to be over the chest of the sick person, and as another tube can be screwed to the instrument, so as to lengthen it, it can be used in the highest ranks of society, without offending fastidious delicacy. Every portion of the thorax, except the part in contact with the bed, can be explored, while the patient and the feet of the examiner remain at rest. Should the patient assume the sitting posture, though his bed be accessible at only one part, every portion of his chest can be explored with perfect ease to both parties; with a longer stethoscope, the auscultator can explore every portion of his own thorax. The instrument can be lengthened or shortened at pleasure. The third tube is otherwise useful. Validity or disgust is unpardonable on the part of a physician when engaged in the discharge of his duty. But as it is often necessary in contagious diseases to explore the chests of the poorest individuals, reasonable precaution may be so far complied with as to use the cylinder with the additional tube, in cases manifestly contagious, or miserably wretched. Finally, with a view to portability, it is not necessary to disjoin the instrument, unless the third tube be employed, as the limbs will lie in a parallel position with the extra tube interposed, and become conveniently portable in a small case or bag.

Except in the case of one patient, who, from repeated explorations with other stethoscopes, was terrified at the proposal to submit to auscultation, it has for some weeks been successfully used in every case of thoracic disease in the Royal Infirmary. It has, however, been objected, that the auscultator could more conveniently suffer his head, with the inflexible instrument, to be raised and depressed by the diseased chest of the afflicted patients, than retain the flex-

ible instrument *in situ*, by means of two fingers at each extremity—often at only one. But this opinion has not been maintained.

It has been objected, that it cannot, *a priori*, be expected, that sounds reflected from angles, could equal in loudness and clearness, sounds conveyed through a straight tube. But reference to the principles alluded to, will have reminded the objector, that the objection is scientifically invalid. The gentleman in question, however, admitted, after accurate and protracted examinations, that the sounds conveyed by the new, were equally loud and clear with those conveyed by the old instrument. It was originally expected, that hard substances should be preferred for the formation of stethoscopes. But every person knows, that some of the phenomena of sound are inexplicable by our present knowledge of acoustics.

It has been urged, that the flexible not being so simple as the inflexible stethoscope, the latter ought to be preferred. Simplicity in the construction of instruments should, doubtless, be always kept in view. But too much is often conceded to abstract terms; and the tube admitting only of so much flexion as convenience requires, it cannot be said that it deviates unnecessarily from simplicity.

These are the principal objections that have been advanced. To all its opposers, however, the writer respectfully replies, that it requires only experiment.

Laennec's, like almost every other invention, has been opposed; but the quick sale of his works proves that his discovery, like that of Jenner, necessarily and rapidly overpowers opposition. The auscultator is, in almost every case, unembarrassed by the gallery of symptoms; and it has been proved that the stethoscope, in many cases, accurately guides, not only with respect to the "repetition, increase, and diminution of remedies," but that it is often indispensable in pneumonia, pleuritis, bronchitis, measles, scarlatina, croup, fever, confluent small-pox, extensive erysipelatous inflammation, latent catarrh, phthisis, diseases of the heart, hydrothorax, doubtful cases of pregnancy, &c. It has been shown also, that it affords the surgeon the most important information previous to deciding on the operation for empyema, or for the extraction of foreign bodies from the trachea, in detecting hæmorrhage into the pleura, in ascertaining the state of the lungs previously to the operation for cancer of the breast, caries of the ribs, white swelling, &c.; and in the diagnosis of certain fractures, aneurisms, &c.

It is surprising that the discoverer of mediæ auscultation did not suggest a flexible instrument. But Laennec, like the gigantic mind of the immortal Archimedes, grappled

with great ideas in unexplored regions of thought. He struggled till science hailed him victor. His weapon was genius, his motto, *man*. Contented with the acquisition of all the knowledge attainable by the stethoscope, he despised the drudgery connected with the minutiae of mechanics, directed his thoughts to great pursuits, and permitted the instrument to be modified by the humblest labourers in the field of science.

It has occurred to me, that both ears might be simultaneously and advantageously employed in stethoscopic examinations. An instrument adapted to this purpose, may consist of a tube, connected at its middle, at right angles to the cylinder, to be applied to the patient, and connected at its moveable extremities with two tubes, moveable also on the principle that has been described. It admits of easy adaptation, both to the ears and the patient.

If this paper should appear not unworthy of insertion, I shall send a drawing of the instrument, with a report of its effects, and the result of an experiment respecting the condensation of the air in the stethoscope during exploration. These deviations from the original cylinder, would doubtless have been long since effected, had any person reflected on the obvious modifications of which the inflexible stethoscope admits. Should they facilitate the attainment of so important a study as that of auscultation, it will afford much satisfaction to

Your most obedient servant,

NICHOLAS P. COMINS.

Edinburgh, Aug. 12th, 1829.

#### LITHOTOMY ON THE HORSE.

To the Editor of THE LANCET.

SIR.—The conflicting opinions which appear to prevail on the practicability of the operation of lithotomy on the horse, render it desirable to collect a record of cases of the successful performance of that operation, the reports of which can be established by irrefragable proof. My attention was directed to this very interesting branch of veterinary surgery, by reading, in your valuable Journal, the report of an operation performed, on the 20th of March, 1828, by a Mr. Lucas, of Liverpool, for the extraction of a stone from a very valuable draught horse. The operation is here said to have been performed with complete success, and although the truth of this statement is impugned in no very courteous terms by another writer, who signs himself "Anti-Humbag," in THE LANCET of the 31st of May, yet the case reported

in the Number for June 7, by Mr. W. Mogford, of Guernsey, appears to me to establish the practicability of the operation upon incontrovertible evidence, and affords strong reason to believe it may be performed with the happiest result. The perusal of these cases excited an indistinct recollection in my own mind, that some twenty years ago, when practising in Norfolk, I was told of the operation of lithotomy having been performed on a horse by the late very eminent surgeon Mr. Shorting, of North Walsham. My impression was afterwards confirmed, in conversation with an esteemed and highly intelligent friend, who was present at the operation. I determined, therefore, to address him by letter, and I have great pleasure in appending his answer to this communication; and although my friend is unable to describe the mode in which the operation was performed, either anatomically or surgically, yet, as he was a spectator of the scene, and from that time to the present the stone has been in his possession, his evidence of the fact remains unquestionable. To add another case to those already before the profession, confirmatory of the success of the operation on this animal, is my object in requesting you will give it publicity in your intelligent and widely-extended miscellany. The transcript of my friend's letter will give all the particulars I can elicit.

"Sootfield, 14th August, 1829.

"My dear Sir,—I have very great pleasure in forwarding you the calculus taken from a horse of my grandfather's, by the late Mr. Shorting, surgeon of North Walsham; and wish it was in my power to furnish you with the particulars you request, as to the operation. I was, at the time, quite a lad. I think it is as long as 45 or 46 years ago; and can only recollect seeing the horse cast and secured in the stable, the stone extracted. The horse lived some time after being operated upon; but whether he was able to perform any work I am unable to say. I recollect the animal was previously under the care of an old farrier, who then resided at North Walsham; he also was present at the operation, and considered the case to be a disease in the kidneys. I remain, my dear Sir, yours truly.

"THOMAS BIDWELL."

I will only add, that I have, at present, the stone in my possession; it is of an oval shape, firm in its texture, and weighs about six ounces, but I doubt not was originally much heavier. The lapse of time has produced its mouldering effects upon this as well as other portions of matter, nearly half a century having passed away since it was abstracted. I am, Sir, yours respectfully,

E. RANDELL.

Rotherhithe, August 19th, 1829.

SPECIMEN OF THE "JUDGMENT AND GOOD FEELING" OF RODERICK THE GOOTH.

*To the Editor of THE LANCET.*

SIR,—The following communication having been returned to me by the Editor of the Medical Gazette, I beg you will do me the favour to give it a place in your Journal, at your earliest convenience. My sole reason for sending it to the quarter above mentioned, was the circumstance of the attack having been made upon me there. I am, Sir,

Yours very obediently,

Holles St. Aug 21. EDWARD HARRISON.

*To the Editor of the Lond. Med. Gaz.*

SIR,—Although I feel called upon to notice the calumnious statements of your Gazette of the 22d of August, I do not think it necessary to animadvert upon passages which will be satisfactorily refuted by other correspondents.

Miss Orton now comes forward in her own name, and talks of having been five years upon the crib. It may be so; but my attendance for correcting her spinal malady, commenced in Lamb's Conduit Street, June 15, 1824, and terminated 29th Nov. 1826. During this period she resided in no less than four different families, and cannot, I believe, procure a good report from any of them for strict and undeviating veracity. This lady's disposition has evidently undergone a complete change since she became acquainted with Mr. Pickthorn. Had it not been so, I cannot believe that a well-educated female, of her station in life, could have been induced to quit the protection of a respectable family to take up her abode with a young bachelor.

On taking leave of Miss Orton and her "Friend," I assure both that their object will never be accomplished. If they could succeed in transferring my practice by trickery and misrepresentation, it would never fall to the share of her kind host. The same mode of warfare has been unsuccessfully pursued, for the last ten years, by a very different order of practitioners; by gentlemen of fair reputation, of engaging manners, and liberal education. I remain, Sir,

Your obedient humble servant,

Holles St. Aug. 23. EDWARD HARRISON.

(COPIES.)

I.

*"To Dr. Harrison.*

"Dear Sir,—I have just received the M. G. you sent. Mr. Pickthorn's statement is, I think, hardly entitled to notice. Uncourteously and ungentlemanly expressed as it is, it fully confirms what I have previously said to you. As this subject neither concerns the public nor the profession, and

only tends to call the malignant passions into action, I shall decline having any further controversy on the subject.

"I am, dear Sir, yours truly,  
Howland St. Aug. 22. (Signed) "J. TUSON."

II.

*"To Dr. Harrison.*

"Dear Sir,—I have carefully read Miss Orton's letter in the Medical Gazette of August, 12th inst., in which I am made to relate circumstances which I never thought of. As to prescriptions, I beg leave to say, that having none of yours in my possession, I could not have said to Miss Orton that I had given them to any solicitor. With regard to Miss Orton's own prescriptions, she declared to me, at all events, that they should never appear against Dr. Harrison. As to my calling upon Mr. Pickthorn, it was an act of my own, of which you had no previous knowledge. When I was visiting in Marchmont Street, it was the thought of a moment, and was immediately executed. Ever, Sir, yours respectfully,

"Beaumont St. Aug. 22. (Signed) A. REYN."

III.

*"To Dr. Harrison.*

"Dear Sir,—In reference to what Miss Orton has stated, in the Medical Gazette of yesterday, I have to answer, that previous to your trial with the College, I was assured by Miss Orton, at different times, that she would never bring Dr. Harrison's prescriptions against him, but would lodge them in the hands of either her father or Mr. Le Mire, that the College of Physicians might not be able to compel her to give them up. Every thing went on perfectly well with us till, previous to the time that Mr. Pickthorn commenced attending her, after which nothing could be done to give her satisfaction. It was, I know, your particular wish that she should rise from her couch a long time previous to her leaving my sister's house. This was repeatedly urged, until she begged it, as a particular favour, that it would never be again named to her.

"I have further to say, that my sister Gouldsmith and Miss Mary Ann Rich, authorise me to assure you, that they have heard her make similar declarations.

I am, Sir, yours respectfully,  
Marchmont St. Aug. 23. (Signed) M. KNIGHT."

[We have thought it right to insert this correspondence, in order to protect Dr. Harrison from the consequences of an act of gross partiality. At the same time we are of opinion, that Dr. Harrison would have been consulted the dignity of his own character, had he abstained altogether from entering into any controversy with Mr. Pickthorn and Miss Orton.—Ed. L.]

## THE LANCET.

*London, Saturday, August 29, 1829.*

Cowardice and falsehood are the only remaining characteristics of the literary ruffians who have endeavoured, by their feeble efforts, to perpetuate, in the great national hospitals of this country, a system of hole-and-corner surgery. Having long played the part of bullies to no other purpose than the amusement of their beholders, they now whine under the apprehension of approaching danger from the roused indignation of an insulted profession. The acknowledgment of the necessity of reform is extorted from the cowards, because they dread the consequences of avowing a contrary opinion even to the hundred and fifty fools whom they still endeavour to deceive. With a view to lessen our influence with the profession and the public, it has been asserted, with ten thousand other falsehoods, that we have endeavoured to destroy, and, in great measure, have actually injured, our excellent national hospitals. If a constant endeavour to procure an honest and judicious application of the funds of those institutions can be considered an attempt to destroy them, we must plead guilty to the charge; or, if a constant endeavour to procure for the miserable occupants of those institutions a better system of treatment, be considered an attempt to injure the public, we must plead guilty to that charge; or, if an endeavour to protect medical students from a shameless system of plunder by those who ought to be their protectors, be considered an attempt to injure the hospitals, we must here also plead guilty to that charge. But at this time of day, the profession and the public need not to be informed either of the direction or of the effects of the labours of this Journal, in the great cause of medical reform. We have been always too much impressed with a knowledge of the blessings which our

hospitals hold out to a suffering and impoverished people, to desire their downfall or the least diminution of their resources. Reform in their government, is what we have sought to obtain; not the destruction of the institutions. We have endeavoured to purify the stream of charity, and to spare the public the horror of beholding a river of blood. That reform in the government of these institutions will see its victims, we well know. That it will effect the destruction of a certain race, cannot be denied; but that race consists of BARS and corruptionists, who fatten upon the vitals of the poor, and deprive industry and merit of their due reward. The mode of election adopted in these institutions, is worse than can well be conceived. Else how comes it, that their offices are occupied by *neveys* and *noodles*, and, indeed, imbeciles of every grade. The revenues, however, of the hospitals, as, for example, those of St. Bartholomew's, St. Thomas's, Guy's, St. Luke's, and others, are so enormous,—the prospect of good, though distant, is so certain, from their immense wealth, that we can tolerate, and somewhat patiently, even numerous existing evils, in the hope of obtaining more than commensurate permanent advantages. The assertion, therefore, that we either are, or ever have been, the enemies of these hospitals, is false, ~~basely~~ false. There are, however, some institutions professedly dedicated to charitable purposes, the destruction of which we should witness with the greatest delight, for they are nuisances, alike to the profession and the public. We of course allude to those pent-houses and puff shops, infirmaries and dispensaries. We mean not here to include the infirmaries which ornament the large provincial towns, but refer particularly to the *medical charities* generated by fraud, and supported by intrigue, which are every day rising into view in the streets and allies of this metropolis, like funguses upon hotbeds. These *charities*, in almost every in-

stance, owe their existence to the ingenuity of some unprincipled quack,—to some fellow, probably, far less honest, and far less skilled in his profession, than Dr. Eady, of wall-chalking notoriety. We have often stated, that the infirmaries and dispensaries are decoys for the rich, and not charitable receptacles for the poor. This, of course, has been as often denied by the tools of corruption, and by none more frequently than Doctor RODERICK MACLEOD, DUN and Yellow Goth. This person's denunciations of our attacks on infirmaries and dispensaries, have been loud and frequent, and his arguments in support of the "good cause" have been bedecked with those beautiful flowers of rhetoric for which his writings have so long been celebrated. We have now, however, a clue to the doctor's zeal, and are indebted for the discovery to an advertisement, of which the following extract forms the first part. It appeared in *The Times* of the 23d ult.—

*"Asylum for the Recovery of Health,  
12, Lisson Grove North, St. Marylebone,*

*"For the reception of respectable persons of limited income, who, by paying a small weekly sum, are provided with medical advice and accommodation superior to those which they can obtain either at their own houses, or at public hospitals."*

Although the character of this advertisement indicated some intended hoax, we thought it our duty to send to Lisson Grove, and make inquiry into the nature of this extraordinary establishment, if such establishment there were. Our messenger accordingly went, and speedily returned, bringing with him a neat little pamphlet, entitled "*An Account of the Asylum for the Recovery of Health, supported in part by Voluntary Contributions, and in part by moderate Weekly Payments by the Patients;*" and to render the title-page complete, the following is the imprint, "*Printed by the Philanthropic Society, St. George's Fields.*" From

this interesting little work, we shall make a few extracts. After describing the situation of the establishment, it proceeds thus:—

"It is a building divided into two separate houses, with separate gardens for the two sexes. Patients having subscribers letters, are admitted on Thursdays by the Weekly Board, which meets at one o'clock. The payments at present required of patients are—of females, fourteen shillings; of males, seventeen shillings and sixpence; of children, ten shillings and sixpence each. Persons of either sex having separate rooms, pay one pound four shillings and sixpence per week. The governors have been compelled, for the sake of preserving the necessary separation, to adopt a regulation, that such servants only be admitted, who shall pay for and occupy separate rooms. No servants in livery can be admitted."

Then follow the names of some lords and other wiseacres, who, it is stated, are the patrons, president, and vice-presidents, of this excellent charity. Next comes an "address" to the public on what is called the "design" of the institution, which goes to show, that after the concern is established, "the governors of hospitals may fairly refuse all improper objects for gratuitous relief." Further, it says,

"In this country, also, there are no doubt many, who, from a sense of delicacy acquired from a good education, and the habits of better days, or from honest feelings of British independence, would be averse from going into hospitals, and would rather submit to the effects of severe disease, and to want of needful aid and attendance at home. Should the pressure of afflicting maladies, in some few instances, even overcome that repugnance, the individuals must enter into such an establishment with a broken spirit, and a feeling of degradation that would have a tendency to retard, if not altogether frustrate every hope of recovery. Females living on narrow incomes without domestic connexions, and well-educated persons reduced by the casualties of life, would find in such an establishment a welcome retreat, where not only disease might be combated, but anxious solicitude and separation from friends soothed and consoled, by that kind attention and prompt and various succour, which the unfortunate sufferers could have

no chance of obtaining at their own dwellings. It is also presumed, that the sick members of the families of many *respectable* artisans and mechanics, clerks on small salaries, apprentices, domestics of the *higher class* and of irreproachable character, would be often glad to avail themselves of such a resource, and the members of *friendly and benevolent societies* would find it the most eligible mode of laying out that money, to which, during the period of their sickness, they are entitled. For besides *lodging and diet*, they would have the benefit of experienced nurses, *resident medical officers*, a store of *medicines* purchased and made up under the inspection of *responsible persons*, and directed by the advice of men, whose *high and established character* must create a just confidence in their exertions."

After the address, there is, at page 19, a mass of heterogeneous matter, from which we extract the two following paragraphs:—

"The public will be able to judge of the description of persons who have been relieved by this charity, when it is stated, that several *officers of the army and navy* have been admitted, labouring under diseases brought on in the discharge of their duty; the *wives and widows of officers*, their children, and those of the *clergy, governesses, clerks, teachers, small tradesmen, women* subsisting on small annuities, persons deriving sick allowances from benefit societies, and foreigners, both in civil and military life!! Surgical operations of *great importance* have been performed with success, which the surgeons would have hesitated to have undertaken in the crowded wards, and *unquiet circumstances of a public hospital*, or with the deficient attendance and accommodations to be procured in the private dwellings of the patients."

Then we have a "statement of *particular cases*," of course of persons cured, as we find in the pamphlets of Dr. Lamert, Mr. Williams, Drs. J. and C. Jordan, and many others. We should not have said "cured," however, as we find that the subject of the first case, "a youth twenty years of age, who had been clerk to an attorney in the country, died of a deep-seated abscess in the liver." But the patient had experienced

"so much relief from the kindness and attention he had received, that he made it his spontaneous request, the evening preceding his decease, to his friends, never to let a year pass without contributing a sum of money to the support of the institution." This is as good for the asylum as a "cure." The other cases related are those of a widow lady, the child of a medical man, the child of a respectable farmer, the wife of a respectable tradesman, a gentlewoman of good education, a young man of good education connected with the press, and a midshipman in the service of the East India Company. These were all sorely afflicted with "the stone, the sieve, the tortures of the damned," but nevertheless they were all "cured," and sent home happy to their friends, pouring out blessings upon the charity.

Is not this, without exception, one of the most barefaced and impudent humbugs that was ever foisted upon the public? And who is its physician? the gentle, the amiable, ROBERT MACLEOD, that worthy man who obtained "five pounds and a general laugh" in the Court of King's Bench as a balm for his wounded reputation. The man who has the virtue to malign the exposures of quackery, and who has the benevolence to yield his great knowledge gratuitously to an institution where there are "separate gardens for the two sexes, where females are admitted for a weekly payment of fourteen shillings, where males are admitted for a weekly payment of seventeen shillings and sixpence, and where children are admitted for a weekly payment of ten shillings and sixpence each. Where a person of either sex, having a separate room, must pay one pound four shillings and sixpence, and where the worthy governors, for the sake of preserving the 'necessary separation,' have adopted the resolution that such servants only shall be admitted, who shall pay for and occupy private rooms, and where no servants in livery can be admitted." Such is the institution, and such is ROBERT MACLEOD, the man who has frequently

favoured us with the out-pourings of his virtuous indignation, against those unfeeling persons who have alleged that infirmaries and dispensaries are injurious to the public and ruinous to the profession.

If these latter institutions generally, where it is professed the poor only are relieved, are depriving medical practitioners of the means of obtaining a livelihood, what must be the effect upon medical practice of the *charity* under consideration? For here, respectable persons, who, from "a sense of delicacy," could not think of entering one of our hospitals,—respectable persons, ladies, gentlewomen, clerks, gentlemen of the press, respectable farmers, the clergy, and officers in the army and navy, are admitted at a charge of seventeen shillings and sixpence a week for board and lodging, with gratuitous medicines and attendance. What, we ask, must be the effect of such a system as this upon the interests of medical men? And yet the fellow, this dirty *dux*, this contemptible scribbling Scotch *dux*, who occupies the respectable office of physician in this *charity*, has had the impudence to taunt us on more than one occasion, with directing our observations to the pecuniary interests of medical practitioners! This is a subject upon which *he* may well quake. The profession has now before it, the true character of, at least, one of its *supporters*. Here we shall quit the subject for the present, as we are heartily sick of the impostor, and the humbug with which he is connected.

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We promised, in a former Number, to show, that the College of Surgeons cannot legally exercise the least control over the proceedings of either the London or provincial hospitals. In considering this question, it is only necessary to peruse the charter of the College, and the acts of incorporation and charters of the hospitals, to be convinced, that the powers of those in-

stitutions are perfectly distinct from each other. In the acts and charters under which the hospitals are governed, no mention whatever is made of the College of Surgeons; and, on the other hand, in the charter under which the College of Surgeons is governed, not the slightest allusion to any of the hospitals can be discovered. Now the hospitals must be regarded either as public or as private institutions, and their governors either have, or they have not, the power to exclude medical students. If they have a right to exclude students, how can the College enforce a law requiring the production of a certificate which the pupil can only obtain as a matter of courtesy; and if the governors of the hospitals have not a right to prohibit attendance on the surgical practice of those institutions, then the "regulations" of the College are opposed to a right at common law, and cannot be enforced; and upon this last ground it is quite clear, that every fee levied for attendance is unjustly and illegally imposed. This disgraceful College, in its passion for plunder, appears to be utterly regardless of the opportunities afforded to pupils, except that of requiring them to pay money to a favoured *junto*. Excluded or not excluded from the hospitals, no matter—certificates must be produced. Aye—certificates from hospitals which exclude pupils from their wards except during *three hours* in each week; at for example, the Middlesex Hospital, where a pupil who pays forty-two guineas to witness the medical and surgical practice for a period of *one year*, has the opportunity of walking through the wards on Mondays, Wednesdays, and Saturdays, from *half-past twelve* until *half-past one*, on which days and hours the *six* physicians and surgeons go through their scientific promenade. Six physicians and surgeons all visiting different patients, and in different wards, probably, at the same moment! Yet the certificates of *this* hospital are recognised by the College, while those of our excellent provincial hos-

Fitals are virtually excluded. The College of Surgeons having no power to enforce attendance on the hospitals, it has no power to enforce the production of certificates. The infamy of recognising certificates from a hospital where pupils have no opportunity of acquiring the least knowledge of their profession, is peculiar to, and worthy of, this College. The *six* physicians and surgeons, as we have already stated, attend from *half-past twelve to half-past one* on Mondays, Wednesdays, and Saturdays. Now a pupil can only attend *one* surgeon or physician at a time; hence he loses *five-sixths* of the practice, even in the hour when his instructor visits the hospital. But, it will be said, after the surgeons have left, he can remain in the wards to inspect the books, and examine the patients at his leisure! Can he? Here is the answer, which we have taken from over the mantelpiece in the hall of the hospital.

"The attention of the pupils of this hospital is particularly called to the ESTABLISHED LAWS of this institution, which direct that NO PUPIL BE ADMITTED in the WARDS of the hospital, BUT AT THE STATED HOURS OF VISITING BY THE OFFICERS of the establishment," (from half-past twelve to half-past one on Mondays, Wednesdays, and Saturdays;) and that no pupil or dresser be ALLOWED to REMAIN in the hospital after the usual business (the visit, recollect, from half-past twelve to half-past one) of the day is finished.

"The pupils of the years 1827 and 1828, are desired to be prepared to produce their cards of admission as pupils, should they be called upon to do so.

"ALEX. SHEDDEN, Secretary."

The last paragraph, it will be seen, contains a sort of threat, in order to prevent students from obtaining more than the hundred and fifty-six hours *allowed* for running and scampering through the wards, and for which they may have paid forty-two guineas. Six months' attendance at this hospital is deemed by the worthy College equivalent to an attendance of *four years* upon the sur-

gical practice of any of the large provincial hospitals, where the students have the unrestrained privilege of attending the bed-sides of the sick, from eight in the morning until the setting of the sun. When will the profession rid itself of the intolerable incubus by which it has been so long oppressed and degraded?

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*A Treatise on the Nature and Cure of Intestinal Worms of the Human Body; arranged according to the Classification of Rudolphi and Bremaer, and containing the most approved Methods of Treatment.* By WILLIAM RHIND, Surgeon, M.R.M.Soc. Ed. Illustrated by Six Plates. Edinburgh, Oliver. 1829, pp. 152; 8vo.

AN accurate treatise on the subject of intestinal worms, has long been a desideratum in English medical literature. Dr. Hooper, in the year 1799, wrote in the London Medical Transactions, an excellent paper on the five species of worms which are found in the alimentary canal of the human body; but he confines himself entirely to a description of the external appearances and anatomical structures, without regarding their history, symptoms, and method of cure; and he makes no mention whatever of the various species which inhabit the other cavities and textures of the body.

Dr. Bradley published, in 1813, a small treatise on worms, which was an incomplete copy of Dr. Hooper's paper, with the addition of a few meagre directions for their cure.

Dr. Chamberlin's monograph, published in 1784, is written for the sole purpose of recommending the *delichos pruriens* as a cure for tænia, &c. To fill up the gap which has been so long felt to exist, Mr. Rhind compiled this work, and he has chiefly done so from the writings of Rudolphi, Bremaer, and Hooper. To Rudolphi he is indebted for the classification, and for the generic and specific descriptions. From Bremaer he has derived that ample information on the symptoms and treatment which the industry and extensive practice of that meritorious physician enabled him to afford to his readers. He has adopted the anato-

medical descriptions of Hooper, and he recommends the mode of cure adopted by Bremsér, as well as that followed by the most approved practitioners of this island.

After a short and appropriate introduction, Mr. Rhind proceeds to treat of the origin of worms in the intestines; of the causes producing worms; of the natural history of worms inhabiting the alimentary canal; of the natural history of worms infesting other parts of the body; of the symptoms attending the presence of worms; and of the method of cure.

A brief account of the labours of preceding authors forms his exordium:—

"The ancient medical writers were little conversant with the nature of intestinal worms. Hippocrates and Celsus, in different parts of their writings, mention them briefly, but they do not seem to have paid particular attention to them, or discriminated the different species with any degree of minuteness.

"Franciscus Redi, physician to the Grand Duke Cosmo III. de Medicis, must be regarded as the founder of this particular branch of science. In 1708, he published the result of his inquiries in a volume entitled '*De Animalculis Vivis quæ in Corporibus Animalium Vivorum reperiuntur.*' In the latter part of the last century also, Pallas, Otto Frederic Müller, and Otto Fabricius, turned their attention to intestinal worms, and Linnæus gave them a place in his *System of Nature*. A scientific society in Copenhagen, in 1780, began to investigate the nature and habits of these animals; and Bloch and Goëze, in Germany, did much to forward the study, and to arrange and classify the different species. In 1800, Zeder, an industrious and accurate naturalist, published his system of classification, arranging them into orders, genera, and species; and Rudolphi, taking up the subject, and improving and amplifying the classification of Zeder, produced his great work, the "*Systema Entoscorum*," the most complete in the arrangement, the classification, the number of species, and the accuracy of description, which has yet been given to the scientific world. Among the numerous treatises which have appeared on the continent, on the intestinal worms which are found in the human body, the work of Dr. Bremsér, published at Vienna in 1819, is by far the most ample, correct, and satisfactory in its details; and, in the language of Rudolphi, is thus appropriately characterised, '*Laber egregius, qui brevi omnium in manu erit, et sui parem non agnoscit, neque facile inveniet.*' In this country the

subject of intestinal worms seems hitherto to have met with little attention." p. 9.

Such is the aptitude of nature for the support of animal existence, that all animals, from the gigantic to the very minute, have others still smaller within themselves, which derive their nourishment, and propagate their species, in their various textures.

Rudolphi enumerates 1100 different species of these parasitical animals amongst the several classes of the animal kingdom. Some of these worms are common to many classes of animals; but others, again, are peculiar to, and are only found in, one particular species.

Bremsér, and some other continental writers declare, that these animals have their origin in the bowels, by a *primitive or spontaneous formation*, and ground their doctrine upon the following arguments. That the intestinal worms of the human body are of a peculiar kind, and different from any which are found to exist in the earth or water; that they live and propagate their species in the body, and are incapable of sustaining life for any length of time, if removed out of it. These worms, when exposed to cold air or water, very quickly die; whereas, had they previously existed in these media, the change could not have so completely affected them. If they were distinct worms, and came from without, why not also inhabit the same parts of the body promiscuously? For it will be found, that some of the species live in the small intestines, and others in the large. Dr. Bremsér thinks it very improbable that the eggs can be transmitted through the medium of the aliment, water, or air, in the case of intestinal worms, and still more so in the case of hydatids and some other species of animals, found in cavities of the body, where no external opening or access could be afforded them. He mentions an experiment made by Schreiber, who fed a polecat, the *mustela putorius* of Linnæus, for six weeks, with milk, containing the eggs, and also the various species of intestinal worms; at the end of that period the animal was killed, but not a worm was found in its body. He further adduces in favour of his theory, the facts given on credible authority, that worms have been found in the intestines of newborn children. Our author, admitting the

facts asserted by Bremser, throws out some sturdy arguments in the attempt to refute him.

"Dr. Bremser, then, is of opinion, that a certain predisposition in the system, and a peculiar state of the intestinal canal, are necessary to the propagation of worms. When this peculiar state exists, he supposes that the animal matter undergoes a particular process, assumes a new form of existence, and hence are produced the various species of worms; that these worms, when once thus formed in the body, have the power of propagating their species in the usual manner; but that their origin, in every body, is at first by this *primitive or spontaneous formation*.

"Now there are many objections to this hypothesis of Dr. Bremser, for it is a mere hypothesis, unsupported by one single fact, and the most obvious are the following:—

"In the first place, it is contrary to all analogy drawn from the animal kingdom. In no other class of animals is there an instance of spontaneous formation; for the animalcula discovered by the aid of a microscope in vinegar and various other fluids, have never been sufficiently investigated to permit us to place them among the list of living animals, nor, if they were, is it to be taken for granted, that even these are formed spontaneously.

"If we admit that such an animal as the *ascaris lumbricoides*, or large round worm, having such a perfect and complicated structure, and being furnished with a head, a stomach, intestinal canal, a series of vessels subservient to generation, and muscles and skin, could be formed by any spontaneous action, or combination of animal particles, there would be no end to the extension of the theory. A field of meadow grass, by the spontaneous arrangement of its particles, might produce an ox: or the fermenting dunghill, charged with animal particles in abundance, might be the matrix from whence sprung the hog that feeds on it. The theory would be more plausible, were these worms found incapable of reproduction; whereas they will be found furnished with organs of generation, complete in every respect, by which they propagate their various species—an instance of two separate and distinct provisions for accomplishing the same end, which, we believe, nature is rarely or never accustomed to bestow.

"If these worms had their origin in a spontaneous formation, how comes it that they should be of different species and forms, and inhabit different portions of the intestines; that one kind should feed only on pure chyle, and another prefer the feces, after being carried to the lower intestines,

and mixed with the various juices of the alimentary tube?

"How comes it that the *tænia* and the *ascarides*, both inhabiting the ilium, and both feeding on pure chyle, should, if produced from the very same materials, in the very same portion of the intestines, be so diametrically opposite in figure and anatomical structure? How should the *trichocephalus*, or long thread-worm, and the *oxyuris*, or maw-worm, both inhabiting the rectum and cæcum, and both feeding on the same aliment, differ in size and formation so remarkably? It cannot be answered, that these different species are found at different periods of life, and, consequently, under different circumstances; for the two latter species are often found existing at the same time in one individual; and there are instances where three distinct species have been voided from the same person at once." p. 18.

Mr. Rhind inculcates the principle, that worms, and other parasitical animalcules, are as aboriginal as man himself, or any other of the superior animals in whose entrails they may exist; but his reasoning is far from conclusive; there are numerous animalcula whose primitive formation is not understood; all analogy, therefore, does not militate against the proposition of Bremser. There is no parallelism in the cases of the *ascaris lumbricoides*, and the ox or the hog; the one is a parasite dwelling in, and drawing nourishment from, the vital organs of a highly superior animal; and the others support their existence by assimilating to their own substance, inferior animal or vegetable productions. Why may not the structure that elaborates the living fibre by a perverted action, give birth to the *tænia* or the *ascaris*? The simultaneous production of the round and tape worm, is surely as possible as the coeval growth of scirrhus and tubercle?

"It is certainly a singular circumstance, and not easily to be accounted for, that worms should be found in the intestines of children immediately after birth; but this solitary fact is not sufficient to support a general theory. Of the experiment made on the polecat, it may be observed that, undoubtedly, a certain state of the system and bowels is necessary to favour the production of intestinal worms; and that a healthy state of the bowels is sufficient to resist them, even should they be introduced, either alive or in the state of eggs, as was practised in this experiment.

"On the other hand, Pallas has demon-

strated by experiment, that worms may be propagated by the insertion of their eggs into the body. By a small incision, he introduced into the abdominal cavity of a dog the eggs of a *tenia* from another dog; and, after the expiry of a month, he found young *tenia* in the cavity. In this case, not being within the intestine, they were not liable to be expelled by the healthy action of the bowels; and the natural warmth and moisture of the abdomen favoured their production. It is true it is difficult to account for the existence of various species of worms which inhabit some of the cavities of the body, which are excluded from any direct communication externally. Yet, it is possible, the extremely minute ovula, or eggs of these animals, may be carried to these cavities by the absorbent vessels—through the medium of the blood-vessels—or by some of those animals puncturing and penetrating the external skin, as is supposed to be the case with the *filarius meddensis*, or Guinea worm. This, like many other mysteries of nature, is wrapt in obscurity; and we can only throw out surmises, until a more satisfactory theory shall be produced. We find that the pholades, a genus of testaceous worms, without being furnished with any instrument which anatomical dissection discovers, can penetrate rocks of the hardest limestone, under the sea; and, by a continuance of this process, they increase their habitations until they become solitary prisons, from which they can never escape." p. 22.

This is to combat the hypotheses of Bremaer with the suppositions of Rhind. The only means of settling the point, is by more minute attention and constant observation, which may ultimately afford us some data to reason from.

The causes leading to the formation of worms, are stated to be a general laxity and debility of the whole system; but more especially a feebleness of the intestines; a want of due harmony between the several parts of the alimentary system; an imperfect digestion of the food, and a deficiency of the various juices necessary for converting this food into nourishment; or an over-active digestion, producing more alimentary matter than the absorbent vessels can take up.

"When the nutritious matter taken into the stomach is imperfectly digested, when there is a deficiency of the necessary fluids for this important purpose, and more especially when there exist a feebleness and torpidity of the stomach and alimentary canal, the imperfectly-digested chyle accumulates in the bowels, passes into a state of fermenta-

tion, gives rise to an undue quantity of mucous matter, and affords a favourable opportunity for the development of the various worms which feed on the chyle, and find an easy lodgment in the bowels, from their impaired action and diminished peristaltic power. On the other hand, when the digestive powers are over-vigorous, when a greater quantity of nutritious matter is prepared by the active state of the stomach, than the absorbent vessels of the system can take up, this alimentary matter accumulates on the internal coats of the intestines, and thus becomes favourable for the production of worms. It is from this cause that we occasionally find robust and healthy people affected with this disease; and this constitutional temperament, or predisposition to this disease, may be often transmitted from one person to his descendants; thus exemplifying the hereditary tendency to worms which writers have remarked.

"It will be found that all young children, and females generally, are more subject to worms than men, because their lymphatic system is more feeble, and their constitutions less firm and robust.

"Infants, too, which are not nursed by the breast, from generally getting too large a proportion of food, and from the consequent imperfect digestion, are found to be often affected with worms.

"Scrofulous children, from the aliment not being taken up by the torpid and diseased absorbents, are particularly liable to worms.

"Of the concurring causes which favour the formation of worms may be mentioned a sedentary and inactive life—a damp and un-aided, or, generally, unhealthy situation—a nourishment from which a too nutritious chyle is prepared, as fat substances, farinaceous food, and milk, and substances prepared from it. The sedentary life of females, in addition to their delicate constitutions, may also favour the production of worms in them." p. 29.

[To be concluded.]

#### CHOLERA MORBUS AT CLAPHAM.

The following alarming article is extracted from a periodical, which we need not name, and its proverbial want of accuracy and veracity has induced us, on nearly all former occasions, to pass over the contents of its pages with, what they have alone been entitled to, contempt. But the facts in this paper were of so astounding a character, that we deemed it right to request a gentleman to visit the scene of the catastrophe, and it is but justice to state, that the men-

dacious editor had, for once, a veracious correspondent, in the party who supplied the report.

The parents of the children have expressed their perfect satisfaction with the conduct of Mr. Day, whose kindness and care of his scholars have given universal satisfaction.

"On Friday, the 14th, (Thursday, 13th,) a son of Mr. Day, schoolmaster, at Clapham, aged about three (two) years, having been previously in perfect health, was attacked with violent vomiting, purging, and convulsions. He became comatose, and died in three (twelve) hours after the commencement of the attack.

"The rest of Mr. Day's children, as well as his scholars, amounting in number to thirty boys, between four and fourteen years of age, remained all well the next day. This being Saturday, several of the scholars went home to spend Sunday with their friends, leaving in the school twenty-two boys; of these, twenty were attacked between three and nine o'clock on Sunday morning, with vomiting and purging of the most alarming character, attended with a degree of prostration which threatened many of them with immediate death. The appearance of the matters vomited was somewhat various in different individuals, depending probably upon the liquids previously taken. In some instances it was tinged with green bile, and was of a subacid smell, but in the greater majority of cases it was colourless and inodorous. The stools also varied in appearance, but they were, for the most part, pale, consisting of mucus and muco-purulent matter, slightly streaked with scarlet blood.

The pulse varied also very much in different individuals: in the early stages of collapse it was very frequent, but so feeble as to be scarcely perceptible. When reaction took place, it had, of course, more force, but less frequency. The skin was, in most instances, cold and clammy throughout; in a few cases it was for a short time hot, and the face was, in these, occasionally flushed. There was a low delirium in some advanced cases, with dilated pupils; but the sensorium was not affected in the greater number of them. None of the little patients complained of pain in the stomach or bowels, beyond the griping which preceded the stools. There was, however, in a few of them, slight tenderness and some tension of the abdomen; and, as far as the exact course of the symptoms could be ascertained in such a scene of confusion, it may be said generally that the disease seemed to come on very much like the tropical cholera, with a short obscure stage of excitement, which was immediately followed by a state of extreme collapse; and that this, under the use

of stimulants, was succeeded, in those cases which were of the best aspect, by a stage of warmth, gentle moisture, and general reaction. We have mentioned that the disease was accompanied pretty generally with convulsive action of the muscles; but it may be of importance to remark that this, which amounted rather to a kind of twitch, or subultus, than to cramp, was confined to the upper extremities.

"Such was the afflicting state of circumstances in this unfortunate family up to the afternoon of Sunday. Messrs. ANGAS and SANDERS, and Dr. SEURGIN of Clapham, who had been employed from the first in rendering every possible assistance, now requested the co-operation of Dr. P. M. Latham and Dr. Chambers. At this time another of Mr. Day's sons was evidently sinking, and a third, as well as several of the pupils, were in a state of dangerous collapse; others, again, although not out of peril, were rallying from the attack. The first question that suggested itself to the minds of the medical men in consultation was, whether the symptoms were referrible to any poison received into the stomach. The scrutiny, however, which was instituted with reference to this point, led to nothing satisfactory at the moment. It was then determined to examine the body of the little boy who was the first victim of the disease, and who, it should be recollected, died in twelve hours after he was attacked by it. On laying open the abdomen, the viscera presented themselves in a remarkably healthy state, as far as external appearances went. The liver was of a perfectly healthy size and colour; the gall-bladder was somewhat distended with healthy bile; the peritoneum, throughout, pale, transparent, and perfectly free from any appearance of thickening. On laying open the small intestines, however, it was observed that the peyerian plexuses of mucous glands were enlarged in patches throughout the intestinum illium, raising internally, without destroying the mucous membrane covering them, into condylomatous elevations: lower down in the small intestine a few of the glands solitary were similarly affected, and in the ascending colon and transverse arch these latter glands seemed almost universally diseased, giving an appearance of pustulation, or, rather, tuberculation to the whole interior of the bowel; the interstices of the tubercles here, as well as in the small intestine, being entirely free from vascularity. The mesenteric and mesocolic absorbent glands in the neighbourhood of the parts most diseased, were congested and enlarged. The stomach was quite healthy. The viscera of the thorax were likewise quite healthy. The contents of the cranium also, which were

carefully examined, were entirely free from effusion, or other trace of disease.

"The treatment which had been adopted, and which it was determined still to pursue, was, in the first place, to obey the great indication of preserving life, by administering stimulants with opiates to those who were sinking from exhaustion and spasm. In the few instances in which the head seemed in the course of the re-action to be affected, it had been deemed right to relieve this symptom by the application of a few leeches to the temples. Besides these means, it was found necessary to apply mustard plaster to the abdomen, and to administer afterwards full doses of calomel and opium.

"Early on Monday, another of Mr. Day's sons, a boy of four (five) years of age, sunk under the attack, 24 hours after its commencement. His body was carefully examined a few hours after his death, and exhibited the following appearances:—

"The abdominal viscera, when first exposed, appeared (as in the former case) perfectly free from the traces of inflammation or other disease.

"The examination of the bowels was commenced with that of the *intestinum ilium*, in which the mucous glands, both aggregate and solitary, were found generally enlarged, and the mucous membrane covering them in many places ulcerated. The interior of the cæcum, colon, and rectum, however, exhibited no appearance of diseased mucous glands, although the membrane itself was throughout uniformly congested, pulpy, and very easily separable from the subjacent tissue.

"The examination was now pursued upwards from the *ilium*; the *jejunum* at the lower part was less diseased than the *ilium*, and, as it approached the *duodenum*, was more and more healthy; the *duodenum*, however, on being laid open, exhibited a pustulated appearance, depending on enlarged follicles, very similar to that of the colon in the former case. The mesenteric and mesocolic glands belonging to the diseased portions of bowel, were enlarged and more vascular than natural. The liver was also quite healthy; the gall-bladder contained more than an ounce of perfectly healthy bile. It was remarkable, that the contents of the bowels were nearly colourless, and had no faeculent, or, indeed, any other peculiar odour. The stomach was perfectly healthy. The viscera of the thorax were likewise quite free from disease. In the head, the ventricles of the brain were distended with about three ounces of serosity, and the sinuses were somewhat more charged than usual with dark-coloured blood. The brain and its appendages were not otherwise diseased.

"Most of the boys were removed by their friends in the course of Monday, many of them in a very alarming condition.

It is with much satisfaction we add to this melancholy statement, that the whole of the remaining sufferers have recovered. There is every reason to believe, that the attacks were purely those of cholera morbus. The food and other matters were placed in the hands of Dr. Burton, the chemical lecturer at St. Thomas's Hospital, by whom they were carefully tested, and no seducing any results opposed to the following is the analysis.

"The fluid part of the contents of the stomach contained, independent of animal matter, a considerable portion of lime, together with a little magnesia, the two earths being held in solution, apparently by the muriatic and sulphuric acids respectively; there appeared also to be a small quantity of acetic acid present. The acids were in slight excess.

"The insoluble portion of the contents were found to consist, exclusive of animal matter, viz. fibrin and albumen, of an insoluble salt of lime, probably the sulphate of lime.

"These ingredients, together with a little potassa, might have been derived from the water, which also contained them largely, among a few other harmless ingredients; and partly from the rice, but neither the water, nor the contents of the stomach sent to Dr. Burton, nor indeed either of the articles of food, contain any metallic oxide in appreciable quantity, nor could any deleterious salt be detected in them."

It came out, without any suspicion of the kind having been awakened before the circumstance was related to Mr. Angus, that a drain, which had been choked for many years, had been discovered behind the house, and partially opened. Mr. Day was erecting a covered passage from the school-room to his house, and one of the posts for its support was set over the drain and made an opening into it. Mr. Day was ignorant of its existence until this time, although he had been resident there for five years. Directions were immediately given to cleanse it, and while the labourers were thus employed, the young scholars gathered repeatedly, about the opening, (from which issued a most offensive effluvia,) and assailed the men in their labours, much delighted with the work. The stench is described as having been unusually great.

The illness of the third child of Mr. Day, a baby in arms, most probably did not arise from the same cause. It was in delicate health, teething at the time, and had not been exposed to the malaria. It is worthy of notice, that the younger the children the more

violent were the attacks. The workmen were not in the least affected.

Since writing the above, we have seen a circular statement signed by Messrs Angus and Sanders and the other medical gentlemen who attended the cases, relieving Mr. Day and every other person "from even a shadow of blame," in the terrible affliction which has visited them, and expressing an opinion, that there is not the slightest reason for apprehending any return of the disorder.

### GUY'S HOSPITAL.

#### EXTIRPATION OF A TUMOUR.

ON Tuesday, August 18, Mr. Morgan removed a large tumour from the upper and posterior part of the right thigh of a corpulent man, about forty years of age, situated close to the inner side of the great trochanter. The character of the tumour, which, he says, he first perceived about two years ago, is that of carbuncle; it has latterly put on a more malignant character. The patient having been placed, lying on his face, on the table, the operator commenced by making an incision on the inside of the tumour, directing its course from below upwards; a second incision was then made on the opposite side forming an ellipsis, including the whole diseased portion, which was nearly the size of a small cheese plate, and the tumour was dissected out from its attachments by repeated incisions, the whole length of the external wound, the lips of which were afterwards brought together by three sutures; a pledget of lint was then laid along the wound, and covered by strips of adhesive plaster.

### ST. THOMAS'S HOSPITAL.

#### PRICK OF AN ALOE PLANT, FOLLOWED BY SEVERE INJURY TO THE HAND AND ARM.

JOHN NASH, aged 36, a gardener, exceedingly emaciated, and of a sallow complexion, came into the hospital on July 30th, and was placed in Luke's Ward, No. 11, under the care of Mr. Travers. On questioning the patient as to the origin of, and other circumstances connected with, his complaint, he stated, that about two months ago, whilst employed in watering some plants in a gentleman's garden at Camberwell, he accidentally struck his hand against an aloe plant, one of the prickles of which passed into the last joint of his left hand little finger; he regarded the circumstance at the

time as but of trifling consequence, on account of its causing him but slight inconvenience, neither were the effects worth noticing until the afternoon of the Sunday following. (two days after the accident,) when, without any assignable cause, the part put on a white appearance, and the finger became very stiff, swollen, and painful; these symptoms increased, and by the following morning, the whole hand and arm, as far as the elbow, had attained an exceedingly large size. The swelling beyond the elbow was very slight, and the pain he suffered during the night was, to use his own expression, most excruciating. He had taken advice, but it was impossible to obtain any accurate account of the treatment, from the patient himself. Has always enjoyed tolerably good health, and was a moderately fleshy man previous to this affliction, although he is now very much reduced. The state of the limbs at present is as follows. The hand and forearm are much swollen, and very tender to the touch; the former presents a white appearance, the skin is tense, and feels to him as if about to burst; there is one large spontaneous opening through the integument at the back of the wrist, and two or three smaller ones, at different parts of the joint, which discharge offensive matter of the colour and consistence of cream; there are also wounds of a similar kind at the bend of the elbow, which, Mr. Travers thinks, communicate with that joint, and Mr. Travers decides, that it will be necessary to remove the limb. Mr. Green afterwards saw him and expressed the same opinion. When the arm is removed from the pillow on which it rests, he says it gives him a great deal of pain, and that he feels a sensation of grating at the wrist joint. Pulse quick, but of moderate strength; tongue clean, crackly. Bowels have not been open for three days past until this morning, when they were evacuated by a dose of castor oil; appetite good; has taken but very little sleep at night for some time. Ordered to have a pint of porter and a mutton chop daily, and to take a grain of opium every night.

Aug. 1. Same as yesterday as regards the limb; has passed a better night; bowels open again this morning; a copious discharge from the wound, both at the wrist and elbow.

3. Bowels not open yesterday, but have been relieved this morning; in other respects much the same.

The operation having been determined on, and the patient having undergone a preparatory treatment, he was brought into the operating theatre this day, soon after one o'clock, with the tourniquet applied on the upper part of the arm near the axilla; and being seated on the table, Mr. Travers standing on the inner side, commenced the

*Operation,*

by grasping the upper arm, about its middle, with the left hand, and drawing up the integuments, so as to keep them tense, (an assistant supporting the limb, in nearly a horizontal position,) first made a circular incision, dividing the skin and superficial muscles; which being retracted, (without dissecting back the integuments,) the deep muscles were divided by several other incisions down to the bone; a catling was then made use of to clear away the muscles from it, to the extent of about two inches higher, the extremities of the muscles being kept up, as this was proceeding, by including the humerus between the fore and middle fingers. The bone was then sawn through, leaving a pad of muscle and integument to cover the extremity. Three arteries were secured by the dresser.

On examination of the limb after its removal, the elbow joint proved to be quite healthy; the skin covering the inner condyle was ulcerated through, leaving the bone at this part quite naked. No traces of cartilage could be discovered on the ends of the bones entering into the formation of the wrist joint, and the anterior surfaces of the radius and ulna, where naturally covered by periosteum only, were rough to the feel, and entirely denuded of that membrane. From this it would appear, that the discharge which had become confined at the wrist, followed the course of the deep layer of muscles on the anterior part of the forearm, and coming in contact with the bones, had caused the destruction of the periosteum, and eventually made its escape at the elbow, thus accounting for the discharge at this part of the limb, as the surrounding substance here did not appear implicated in the disease. There has been nothing to notice particularly respecting this case since the operation, excepting that for several days after, he occasionally experienced slight twitchings in the stump; the dressings have been several times removed, and the wound appears quite healthy. The patient was kept on milk diet during the first week, since which he has had in addition a mutton chop daily. The stump has been kept wet with spirit wash. On Monday the 17th inst. he experienced slight uneasiness in the abdomen, followed by diarrhoea; for this he took the compound chalk mixture, which has entirely checked the relaxation, and the bowels are now quite regular. His general appearance is considerably improved since the operation, and he says he is gaining a little more strength, but is troubled with night sweats. In every other respect is doing well.

## CASE OF FODAGRA.

John Katon, by trade a weaver, forty-eight years of age, was admitted into William's Ward, No. 15, on the 6th of August, under the care of Dr. Roots. The patient states, that a week or ten days since, his stomach became very uneasy, having heartburn, with much flatulence and nausea. This was followed, on Sunday evening last, by severe "gnawing pain" in the metacarpal joints of the left hand, which has continued ever since, and the hand is now swelled, red, and hot. On the following day it attacked the great toe of his left foot, which is now better; the instep has become red and swollen. The pain is so severe, as almost to preclude sleep at night; but the heartburn, nausea, and flatulence, have all become much less, since the affection. Bowels open four times to-day; tongue coated, whitish; urine high coloured; pulse 116, full, but soft. Says he was formerly a hard drinker, and has been the subject of gout six or seven times previously. Ordered milk diet. Twelve leeches to the left hand, and a like number to the foot.

*Carbonate of magnesia*, a scruple;  
*Colchicum urine*, thirty minims every eight hours;  
*Compound powder of ipecacuanha*, ten grains every night.

7. Has passed a restless night, owing to pain in the left hand and foot, which are now much tender; pulse 94, soft, and less full; bowels have not been evacuated since yesterday morning.

8. Has had a better night, but says the pain is worse as the evening approaches, this during the day. Left hand and foot much less swollen, but the heat still considerably above the natural standard; pulse 80; full; tongue whitish; bowels relieved once only. Venesection to twelve ounces.

*Fifteen grains of the powder of scammony*, with calomel, immediately;  
*Sulphate of quinine*, three grains at six this evening, and to be continued every six hours after.

9. Bowels well purged with the medicine. No pain in the left hand or foot, and the heat and swelling much diminished.

11. Only complains of weakness; bowels open; tongue nearly clean; pulse 80, soft, and not full.

13. There is very slight swelling in the left hand only, without any pain or increase of heat; gaining strength, but cannot walk far without the assistance of crutches; pulse natural; bowels regular; tongue clean; appetite good.

19. Discharged well.

## WESTMINSTER HOSPITAL.

## ECZEMA SOLARE.

JOHN MANGLE, *et al.* 26, a deformed man, of dwarfish size, who gains a livelihood as a vagrant musician, came under the care of the junior physician, the 23rd of July, with an eruptive disease. The surface of the upper and lower limbs appears flayed. Clusters of minute vesiculae came out on the affected parts, producing an intolerable sense of itching; thus the man endeavoured to relieve by friction. A profuse secretion of serous fluid took place, soaking completely through the dressings and his shirt, and emitting a peculiar odour; this gradually thickened and stiffened the linen applied. The cuticle, desquamated over nearly the entire surface, where the fluid has evaporated, presents a glossy appearance. There is a general tumefaction of the integuments, but no discoloration of the interstices between the minute and even-sized vesicles. The trunk is nearly exempt from eruption. He states, that about a fortnight before admission, after indulging in porter, his favourite beverage, and exposing himself to the sun, his face and head become affected, tumefaction and serous secretion took place in an excessive degree, and the hair became matted. Fomentations, abstinence, and purging, afforded relief. The following medicines now prescribed.

*Carbonate of magnesia*, a scruple.

*Powdered rhubarb root*, ten grains; mix into a powder, to be taken every morning.

*Ipecacuanha wine*, 3 drachms.

*Hydrocyanic acid*, 12 minims.

*Camphor julep*, 8 ounces, mixed; an ounce to be taken every six hours.

A warm bath to be taken twice a day, low diet.

1st August. The plan adopted has been rigidly pursued; the cuticular scales have entirely disappeared, and a shiny superficies is evident. A new crop of vesicles have evolved themselves on the thighs and forearms. The bowels are open, and general health unimpaired. The bath to be used once a day only. Medicines continued.

14th. The vesiculae have once or twice re-appeared, but the continued application of the remedies is efficient in removing them.

21st. The skin still retains the glossy appearance but has lost its turgescence, and resumed the natural colour. Bath discontinued. Patient convalescent.

## HOPITAL DE LA CHARITE

## VESICO-VAGINAL FISTULA; APPLICATION OF THE TWISTED SUTURE, FOLLOWED BY DEATH.

Geneviève Maury, *et al.* 36, of a good constitution, and mother of several children, was, on the 9th of July, 1829, admitted into the hospital. Her two last accouchements but one had been very difficult, the one having required turning, the other the application of the forceps. On the 7th of June last, she was taken with labour pains, and delivered by means of the forceps. During the application of the latter instrument, one of its blades was pressed with some violence against the anterior paries of the vagina, which at that moment happened to be forcibly distended; the patient felt a very acute pain, which, however, after the termination of labour, gradually subsided. From that moment, she never had any desire to pass her urine, which entirely escaped through the vagina. At the time of her admission, the fistula had existed for thirty-two days, during which time, not a drop of urine had been passed voluntarily, or by the urethra, which was, however, perfectly pervious. The preternatural opening was found to exist at the neck of the bladder, and to be thirteen lines in length; its lower end was a little above the urethral opening, the upper a few lines above the neck of the bladder. When the patient lay on the back, the edges of the aperture were perfectly closed, but gaped when she stood upright, or walked. Her general health was not in the least affected. M. Roux having closely watched the case for about a fortnight, determined upon closing the edges of the aperture by means of the twisted suture, and the operation was performed on the 21st of July. The patient was placed on the abdomen, the pelvis being higher than the head, and the legs kept asunder by two assistants, a speculum was introduced into the vagina, but being found useless, was withdrawn. The edges of the fistulous aperture were seized with a pincette, one of the blades of which was much broader than the other, and having been pared off, two curved needles were inserted, by means of the "porte-aiguille." The operation lasted two hours, owing to the difficulty which the operator experienced in taking hold of, and pulling off, the callous edges, and in introducing the needles. The patient was removed to her bed, and an elastic catheter kept in the bladder. An hour after the operation, she was taken with shivering; the urine passed through the catheter, and was tinged with blood. In the night she had a few hours rest, but on the morning of the 22d, the

urine still contained blood; the pressure of the catheter did not appear to molest the patient, but the least movement of it caused most violent pain; the abdomen was not tender on pressure, and in the evening a large quantity of clear urine was passed. On the 23d, the external genitals were swelled, but not painful, and the general state of the patient was satisfactory. On the 24th, no alteration had taken place, except that the urethra was more irritable than before. In the evening, the patient was all on a sudden seized with shivering, universal trembling, and sickness, which were followed by great heat and copious perspiration; about ten o'clock, all these symptoms had disappeared, but during the following night she was rather agitated. On the 25th she complained of great debility; the needles were removed, and the elastic catheter was withdrawn; on applying a silver catheter, the water was passed in a full stream. In the course of the day she had another attack of shivering, which was followed by heat and copious perspiration. In the evening, the attack returned, and during the night the patient was very restless. On the 26th she had three attacks of shivering, the last of which took place towards the evening, and was accompanied by bilious vomiting; she was ordered the sulphate of quinine in syrup. *papav.* The abdomen was not tender; respiration was rather quick, though the chest was free from pain; the secretion of urine was much diminished, and the small quantity of it which was drawn off by the catheter, was tinged with blood. The entrance of the vagina was several times found filled with coagulated blood. On the 27th, the patient had passed a very restless night; in the morning, she had another violent attack of shivering; the urine was rather scanty; the vagina was again filled with coagulated blood. In the evening, at five, another attack of shivering occurred; she took twenty-four grains of the sulphate of quinine in three doses, and as the last was followed by vomiting, twenty-four grains were injected into the anus. The catheter was repeatedly applied, but without evacuating any urine. On the morning of the 28th, she was again seized with shivering, but not so violently as before; she complained of pain in the epigastric region; respiration was rather quick. Thirty-four grains of the sulphate of quinine were again given, in six pills, not more than about two ounces of urine were removed by the catheter. In the course of the day, the patient began to complain of pain in the right side of the chest: there was a slight cough; respiration was 60 in a minute, the pulse quick, and on percussion, the right side of the chest gave a dull sound, and on auscultation, "*râle crepitant.*" No attack

of shivering took place in the evening; the patient was delirious, and, at lucid intervals, complained of great dyspnoea and violent pain in the chest. The stools were passed involuntarily; the urine was completely suppressed, and the pulse was 150. The application of sinapisms and blisters to the feet had no effect. The dyspnoea increased, and she died in the morning of the 31st.

On examining the body, the intestines were found adherent to each other, and to the peritoneum, by means of false membranes; and the cavity of the larger pelvis contained a considerable quantity of purulent matter. The edges of the fistulous communication between the vagina and bladder were thickened, softened, and covered with a fetid sanies. The mucous membrane of the bladder was of a grayish black colour; it contained a considerable quantity of dark-coloured mucus and coagulated blood, but no pus. The uterus had not yet returned to its usual size; the Fallopian tubes were greatly injected, and covered with pus. The left pleura contained a great quantity of purulent matter, and the tissue of the left lung distinctly exhibited the traces of the last stage of pneumonia. The pericardium was much injected. The right lung was on its surface filled with small abscesses, and adhered to the pleura; interiorly, its tissue appeared healthy. The rest of the examination afforded nothing of interest.—*Journ. Hebdomad.*

## HOPITAL ST. LOUIS.

### CÆSARIAN OPERATION AFTER THE DEATH OF THE MOTHER.

In the "Salle Sainte-Marthe" of the above hospital, there was lately a young female in the last stage of pulmonary consumption, who was in the middle of the ninth month of pregnancy, the termination of which, it was presumed, would be speedily followed by the death of the mother. At the stated period, however, she was suddenly seized with an attack of hæmoptysis; the blood rushed out of her mouth and nose in such a quantity, that the "*interne*," M. Huguier, was hardly arrived when she expired. He immediately proceeded to perform the Cæsaræan section, by means of which he succeeded in extracting a fine male child, which, though asphyxiated for a few moments, was soon brought to life, and has since done well.—*Ibid.*

## MEDICAL BENEFIT SOCIETY.

To the Editor of THE LANCET.

SIR,—Nothing could have exceeded the pleasure which I experienced in perusing the communication of Mr. Dewhurst, relative to the formation of a medical benefit society, to relieve those in the profession who are incapacitated, by illness, confinement in prison for debt, &c., from attending to their professional avocations. What a noble proposition! What universal benefit will it confer if carried into effect! Fortune may, for a while, smile, and shower down upon us abundantly her favours; but a time may come, when the dark and unwelcome visitations of misfortune will frown upon us, and blight, perhaps for ever, all our sanguine expectations—when illness will lay us upon our couch, and sudden dissolution deprive those to whom we are attached by every tie, of those comforts which, by the exercise of our profession, we were capable of affording them; and then to have a society to which we or they can apply for relief as a right, will be to every philosopher breast a great desideratum, and will be hailed with encouragement and approbation.

Indeed, you, Sir, who have the welfare of our profession so much at heart, and who have done so much for its improvement, must be fully conscious of the advantages which would accrue from the formation of a medical benefit society, according to the philanthropic plan of Mr. Dewhurst. But the affording relief to any of the members in case of illness, will not be the only advantage which will accrue from a society of this description. The members will, most probably, attend monthly or quarterly meetings, and the medical men in the metropolis will become more generally acquainted with each other. It would be a gratifying scene to see two or three hundred medical men collected under one roof, endeavouring to promote each other's happiness. Few better methods could be proposed for annihilating those unworthy prejudices, which now exist in our profession, than that of uniting ourselves in such a bond. I should venture to propose, that a public meeting be immediately convened, and that notices be sent round to every medical man, requesting his attendance or support; that any member of the profession wishing to become a member of the society, should advance ten pounds entrance money, and pay annually three guineas; that in case of illness, he be allowed out of the funds of the society, two or three guineas weekly, according to the urgency of the case; that in case of the death of any of

the members, a portion of the rest should attend his funeral, (except it be the particular wish of the surviving relatives that this should not take place,) the expenses of which, under circumstances requiring it, to be defrayed by the society. There are many other propositions which I could suggest, but which would take up too much space in your valuable columns; I propose, therefore, that a meeting of the profession be immediately held, wherever Mr. Dewhurst, from whom the idea seems to originate, may propose, and that notices be sent round to all in the profession, requesting the honour of their attendance.

The profession is, I consider, deeply indebted to Mr. Dewhurst, for bringing the subject forward; and will, I hope, assist him in the efforts he may make. I remain, Sir, your most obedient servant,

FORBES WINSLOW.

Bright Allow, Berks, August, 1829.

## HOSPITAL FEES.

"Times Denies" (query Doctors?) "et domi ferentur!"

To the Editor of THE LANCET.

SIR,—After the numberless abuses to which the wholesome powers of THE LANCET have been so successfully applied, few persons, perhaps, feel its cutting edge more deservedly than the subjects of your late satire—"The Illegality of Hospital Fees!" Here, indeed, Mr. Editor, is a morbid growth which has increased with such silence, that the unscrutinising observer looks upon the tumour rather as a part of the original system, than as an excrescent mass tending to conceal the true lineaments of its pristine form, till, at length, it seems that the parent vessels have sent off branches, and the intruder is nourished and fattened as if it were a natural limb of the body it has invaded. You, however, have dissected away the various coats (alias *sophistry*) by which the sight has been deceived, and candour now holds up to view the real structure of the unnatural formation.

The Irish bull of "*gratis for nothing*," really becomes luminous and expressive, when examined in contrast with this admirable trickery, where *charity* and *gratis* are but decent cloaks for the bulky person of an unreasonable fee, and the poor patient is liberally attended by amiable Dubs at the poor student's sad expense; something in the same way as the Christmas-boxes of the generous placeman, are the offspring of long pulls upon the pockets of the public. Wondrous love of science! Noble humbug! which would exclude from the contest of learning and of skill, by hard exactions,

those who are most likely to be ornaments of their profession—those, namely, whose natural ardour in scientific pursuits is further heightened by necessity for exertion. It has been said of political reformers, that they raise their clamour only in times of national distress. "True," cries Mr. Cobbett, "but in distress only will the people be awakened to the cause of their misfortunes." This I must use as an argument against those who may say, that the fees are obnoxious merely to a *factum*. Granting this, let me ask, is it probable that the rich ones would be the first to axolism against (to them) a trifling tax, whilst it operates as one mode of exempting the feeing and often talented poor? No one can object to the payment of men for their well-earned public services, you have yourself remarked, that they are not sufficiently recompensed; but let not a *summe* generosity to one class, be paid for from the purses of another.

Fearing I have taken up too much of your well filled pages, I beg to subscribe myself, Mr. Editor, your obedient servant, and one of a fraternity whose cause you have made your own.

A POOR STUDENT.

Aug. 19, 1839.

MR. ABERNETHY.

"My heartlaments that virtus cauti live  
Out of the teeth of emulation."

To the Editor of THE LANCET.

SIR,—Considering that the humble efforts of my pen have more than once gained access, and have never been denied admission to the notice of your LANCET, I cannot doubt the impartiality of the able hand which directs it, nor can I, for a moment, question the grand objects at which it is aimed, or the steady and undeviating track which it pursues, accustomed as I have ever been (since first the shining weapon was unsheathed) to admire the fair and open principles, the just economies of merit, and the due chastisement of quackery or presumption, by which you have upheld the importance of the medical profession.

Conscious of the truth of these observations, I lament the more that its pages should be rendered subservient to the purposes of detraction; for, surely, no one (whether friend or foe) can have read without indignation, the contemptible endeavours of your Allsop Terrace correspondent, to expose to ridicule a man who (notwithstanding all his peculiarities) is justly entitled to the esteem of every philanthropist and lover

of science, and whom truth will ever regard as the brightest ornament to his profession, of the age in which he lived. Indeed, Sir, I am at a loss to discover the pretensions of the *solus disant* champion for the cure of spinal deformity, to enter the arena in deterioration of Mr. Abernethy's merits: I know not upon what relative conditions he presumes to single out Goliath from the ranks, unless that he imagines himself a David; neither do I know much of the difference of the ancient "mode of teaching from that which is practised in these more enlightened times;" but this much I do know—

"Magnus fuit quondam capitis reverentia  
cuni."

Now, with regard to Mr. Abernethy as a lecturer, certainly that man is the best calculated to instruct youth, who can render the most abstruse sciences intelligible by familiar illustrations; and this the worthy teacher has done, to the entire satisfaction of one of the most numerous and popular classes of students in Europe, for a period of more than thirty years. As a student, having listened to the instructions of Mr. Abernethy, and, as a practitioner, having proved (if, indeed, proof were wanting) the validity of his counsels, I have taken upon myself to make these cursory remarks. And I am, Sir, with great respect yours, &c.

J. H. HEATON.

Titchfield, Aug. 19, 1839.

## TO CORRESPONDENTS.

THE communication of Dr. Mc Fadden did reach our office.

"Cases" from the Royal Infirmary next week.

Many letters reached us too late for the present Number.

## ERRATA.

To make Mr. Churchill's paper on the chenopodium olidum complete, page 646, of our last Number, it should have been stated that it is a native plant, generally found in moist situations under old walls. It is to be found under the walls of the cottages about Lisson Grove, and before the first large house on the right-hand side of Kingston Bottom, at the foot of the hill leading from Putney.

In p. 617, col. 1, line 40, for *hydrargyrie* substitute *hydargogue*; and, in the next line but one, for *communicated* read *communicate*.

# THE LANCET.

Vol. II.]

LONDON, SATURDAY, SEPTEMBER 5.

[1828-9.

## LECTURES

ON THE

DISEASES OF WOMEN AND CHILDREN.

DELIVERED AT GUY'S HOSPITAL BY

DR. BLUNDELL.

### LECTURE XXXII.

#### *Of Inflammation of the Labia Pudendi.*

BETWEEN the folds of the labia pudendi, there lies a full quantity of cellular web; in more advanced age, containing but little adips; but sometimes loaded with this substance in the vigorous and flourishing period of life. Now, like the mamma of women, the labia pudendi, though more rarely, are assailed sometimes with a phlegmonous inflammation, which, assailing the cellular tissue, tends strongly to the formation of matter, and of this I will now offer a few practical remarks.

When the labium is affected with phlegmonous inflammation, it may become twice as large as it is in the healthy state, or may exceed these dimensions. In this state of enlargement, it becomes red and very painful and tender, so that the slightest pressure gives rise to uneasiness, and it is generally necessary to keep the limbs apart from each other. Suppuration is apt to occur very rapidly, inasmuch that in the course of four-and-twenty or six-and-thirty hours, a great quantity of matter may be produced, and the abscess may even show a disposition to point. In treating cases of this kind, there will be little difficulty, provided their character be conspicuously ascertained. If the patient be of a robust and plethoric habit, you may, if you are called early, bleed from the arm, purge, give digitalis, and, in a word, put the patient on the cooling antiphlogistic plan. Generally, leeches and fomentations, and poultices, and perhaps refrigerating washes, may be applied to the part; all this not so much in the expectation of preventing altogether the formation of matter; for where

you have a freely inflammation in these parts, matter is almost sure to form; but under the hope, that when the matter is produced, the quantity will be much smaller, and, consequently, that the cavity of the abscess will be much less, provided the inflammation be moderated. Should the phlegmonous inflammation of the labia pudendi occur in *weakly* and *irritable* females, of *lady-like* constitution, this active treatment would be too violent; in cases concurring with such constitutions, leeches, poultices, fomentations, cooling washes, will be found to give relief; and if the woman is moderately strong, some blood, perhaps, may be taken from the arm, but in the smaller quantities, and the bowels may be opened somewhat briskly, and the digitalis may be given as before in operative quantities, with caution, however, and so as to act lightly on the system, for the digitalis is a remedy not without its risk, especially in constitutions of this kind. When matter forms, it may be better not to puncture the abscess, and discharge the matter too hastily, because it is asserted, that when these abscesses break of themselves, they heal in a more kindly manner than when they are opened by the lancet. In ordinary cases, therefore, I should poultice the abscess, and suffer it to open of itself; but if the woman suffered a great deal of pain under accumulation of the matter, in consequence of the distension of the inflamed skin, I should not hesitate to advise a small opening with the lancet, so as to relax the skin somewhat; or if the accumulation of matter were very large, say to the measure of half a pint, I should consider whether the matter might be drawn off by little and little, in the way recommended by Mr. Abernethy, not scrupling to open by the lancet in such cases, in order to prevent the large clasm which forms, if the skin open spontaneously. If the general health be bad, this must be amended during the healing of the abscess; attend, also, to the state of the chylipoietic viscera, support the vascular system by bark, bitters, aromatics, chalybeates, and analogous remedies; send the patient into the country, and you will probably find in the majority of cases, the abscesses will heal pretty readily. Should the

abscess still remain open, it then comes to be considered, whether you should lay it thoroughly open and bare, letting it heal up from the bottom by granulations; but I forbear to dwell on this point of practice, as it falls more under the department of the surgeon than the obstetrician.

It sometimes happens that *blood-vessels are giving way in the labia pudendi, or nymphæ*; and this, where the parts are injured from delivery, or perhaps independent of parturition, or any very obvious and adequate cause. When blood is effused into the labia pudendi, and parts adjacent, the organ enlarges to an enormous size; it may become bigger than the child's head, appearing very black, and giving rise to excessive pain, owing to the increasing tension of the skin, and, of course, it alarms the patient exceedingly, especially if she suspect mortification. In some of these cases the skin bursts open, and the blood may be very copiously discharged; it is said the life of the patient may now and then be endangered by the bleeding, but this is certainly rare. I never saw one of them. Should the skin be ruptured, and the blood flow somewhat plentifully, if you could find out and reach the bleeding vessel, the most effectual mode of giving relief, would be by securing it with ligature; if this could not be accomplished, then you might plug the vagina with tow, so as to prevent internal bleeding, following up this measure by a continued pressure on the part, the patient being kept perfectly at rest. If blood is accumulating in the labia pudendi, and you are called early to the case, the skin as usual remaining unbroken, it may then be proper that you should puncture the labia pudendi, and discharge as much blood as may be, in this manner; this practice, however, is proper only where you have been called early, and where you believe the blood is in a fluid state; for if you are called in, an hour after the accumulation has taken place, the blood may be coagulated and entangled, so that to express it may be impracticable; but it should be remarked here, that where blood is received into the cellular web, or under the skin, there is reason to believe that it does not coagulate so soon as where it is received into a cup, where there is no vitality at all. Where blood is effused into the labia pudendi, especially in the smaller quantities, you may endeavour to get rid of a good deal of it by absorption; in this view pressure may be made with a prospect of advantage; and sometimes astringents, in the way of a poultice, may be used with benefit; and, of these latter, one of the most promising, though somewhat antiquated, is the *tees of port-wine* mixed up with linseed or bread, so as to give it a

proper consistency; this being applied to the vulva of the patient three or four times in the course of the day. A case was narrated to me by a medical friend, on whose authority I give it, in which a man had received a blow on the muscles of the calf of the leg, and where there followed a considerable effusion of blood under the skin, a poultice of the port-wine lees was applied to it, and though it was computed that at least half a pint of blood was effused under the skin, a great part of it was absorbed in the course of a fortnight. Should all these means fail you, as it is not unlikely they may, the blood lying in the cellular web may be expected ultimately to excite irritation, and give rise to more or less of inflammation in the formation of abscesses, on the disclosure of which, the coagulated blood may come through the opening in the form of sloughs. Abscess of this kind must be treated on the general principles of surgery, great attention being paid to the constitutional health, and there is every reason to hope that the patient will ultimately recover from a disease not obviously dangerous. Let me add, however, that my own personal experience in these cases is small.

*The vulva sometimes enlarges exceedingly, in consequence of œdema*; and you may have the principal enlargement in the labia pudendi, or nymphæ, or clitoris, or in all the parts together, while there is very little effusion in the legs; or again, there may be, in concurrence with a swelling of those parts, an anasarous swelling in the legs of no small bulk. If the enlargement of the labia pudendi, and not of much inconvenience to the patient, you may then endeavour to palliate the evil by means of a well adjusted T bandage; bringing it to a full degree of tension, and thereby expelling much of the water into the surrounding cellular web, and so relieving the patient from much of the intumescence. Moreover, in these cases, it is proper to purge, and to have recourse to those medicines which are suited to anasarca. It will be asked, perhaps, here, whether we may not puncture the skin? In the general, women themselves would not submit to this operation, being naturally timid; now and then, however, some of firmer resolution may wish such an operation to be performed. Now, in coming to a determination, it should be recollected that if the œdematous swelling of the labia pudendi is purely local and unconnected with dropsy of the constitution, the probability is, that you may puncture the skin with perfect safety; but if, on the other hand, this swelling is only a part of a general dropsy of the whole habit, then, as you all know, the puncturing of the skin is attended with some little danger, because,

sometimes, mortification may ensue; so where the constitution is vigorous, puncture if you please; but where it is not, and where there is a disposition to general dropsy, it is better to refrain from the lancet. If you do puncture, do not content yourselves, as some have done, with the mere division of the scarf-skin, but take care that you carry your lancet completely down into the cellular web beneath.

*From the vulva, not infrequently, excrescences are growing,* sometimes verrucous, sometimes fleshy, and varying exceedingly in size, being as large as a pea, or as large as the fist, and of all the intermediate dimensions. Of these excrescences, some may be removed by caustic, red precipitate, savin powder, nitrate of silver, or the like, care being taken to apply the caustic to the root of the excrescence, for this seems to be the most effective mode of application.—Those excrescences which resemble polypi, may be removed by ligature; if they hang by a peduncle, the application of the ligature is easy; if they have a broad basis, then take a needle and place it on the middle of a thread of proper thickness, and carry the needle through the basis of the excrescence, and cut the needle away, thus leaving two ligatures to be tied right and left. In some cases extirpation of these excrescences by the knife may be necessary. All I have to remark upon this operation is, that when you do extirpate by the knife, you ought carefully to take away the whole of the disordered structure. As to the mode of operating, that is for the consideration of the surgeon. Those excrescences may be connected with venereal affection, a point, of course, to be investigated. They rarely terminate in cancerous affections, and this should be most distinctly stated to the patient.

*It not very uncommonly happens that the nymphæ enlarge;* in the flaccidest women, more especially, they are sometimes so large that they form a sort of covering to the vulva, nor are our own females of the Caucasian variety of mankind altogether free from this defect. Of these enlargements there are two kinds; sometimes the nymphæ increase in their size without altering in their organisation, so that as to their remoter structure they remain healthy enough, only the growth is morbid, and in other cases there is a total change of organisation, the parts becoming converted into a sort of scirrhous mass. The latter growths of the nymphæ should, I presume, be extirpated by means of the knife; where the growth is small, a pair of scissors may answer the purpose, and by a single cut you may take away so much of the nymphæ as may be required to reduce them to their healthy dimensions. Ligatures are not re-

quired generally, for though there are many vessels in this part, yet they are all small; it will probably be sufficient to make a little pressure on the part that remains, with the thumb and finger, say for 10 or 15 minutes, when the hæmorrhage will cease. There is reason to suspect that the enlargement of the nymphæ may be connected with the venereal disease; in operating, therefore, upon those whose æthica are of the laxer kind this fact should not be forgotten; but large nymphæ do not prove infectious.

*As the nymphæ may enlarge, so also may the clitoris,* and under this disease the organ, though naturally very small, may sometimes become as large as the corresponding organ in the male. If a woman is anxious to have this defect of the genitals remedied, provided there is no change in the organisation of the clitoris, but merely an increase of its bulk, I presume that by means of a knife the exuberant structure may be very easily and safely taken away; if, on the other hand, there is a change of organisation, which sometimes happens, the clitoris being converted into a scirrhous mass with irregular surfaces, disposed perhaps to malignant ulceration, then it may be extirpated with the knife too, but you are less certain of success. When you are operating, more especially when there is disease at the basis, it should be your object to take away the whole of the disorganised mass.

*Women are liable to be affected with partial obstructions of the vaginal orifice;* either the hymen is merely cribriform, or, at all events, though of the usual circular or crescentic shape, it obstructs the orifice, which may be of small diameter, very completely. Now this obstruction of the vagina gives rise to various incidents, and which are worth a little observation from us. In the first place, when the epistemonia occur, they (as was hinted in a preceding lecture) are liable to become, in a high degree, offensive, this resulting pretty evidently from their not flowing freely away, but remaining in the vagina and becoming putrescent. The disease once understood may be easily relieved by the use of the syringe and warm water, ablution being performed, if necessary, three or four times in the course of the four-and-twenty hours, and the natural dilatation of the orifice will ultimately complete the cure of the disease. When the genitals are thus partially obstructed, another consequence of the obstruction is, that if the hymen be firm and the patient be too sensitive—from the operation of both these causes, her person may not be penetrated; or if the obstruction be of the higher degree, supposing the hymen, or whatever be the cause of the obstruction, to be unusually firm, then if the parties be resolute,

the male organ may actually enter the urethra. A case of this kind is related by Chambon; and in these cases, the woman undergoing a vast deal of pain on her marriage, is seized with incontinence of urine, and is compelled, perhaps, after no long time, to separate from her husband, though the disease, when properly understood, may, with the help of a little surgery, be relieved at once.

There are two causes of these obstructions; for the hymen may be unusually firm and strong; or when the hymen is healthy, constriction of the upper half of the vagina may occur, just as if you had thrown a thread around it, and partially closed it by ligature; defects which a little examination would detect, and which admit of effectual relief. When intercourse is, in this manner, obstructed, and the male organ does not enter the vagina, the consequence is not necessarily sterility; for so powerful is the fecundating fluid, that impregnation may be accomplished, and sometimes very rapidly. In Chambon's case, where the parties separated not long after marriage, and the urethra was laid open, and the hymen contained two small punctures only, large enough to transmit a probe, nine months and a fortnight after marriage, the girl was delivered of full grown twins; so that not only impregnation, but an impregnation had taken place of two vesicles at once. Though, however, sterility is not necessarily the consequence of partial closure, I conceive that unless the woman be very apt to produce children, it is very likely to occasion a delay of the impregnation; and, therefore, you must set down, I think, among the effects of partially obstructed genitals, an impediment to conception. A lady, the wife of a medical man, after having been married for some years, and producing no children, observed an enlargement of the abdomen, and a swelling of the legs, her general health becoming not a little impaired, and alarmed by these symptoms, she was advised to retire to Bath, with a view to the restoration of her health. Thither she went, but found no improvement; and the abdomen continuing to become larger, and her health seeming still to decline, she determined to return to town. On her way back, she was seized with vehement abdominal pains; and the woman of the house, where she was, having been herself a mother, said she was satisfied that these pains were no other than the pains of labour; and though the lady herself seemed to be persuaded to the contrary, an obstetrician was sent for, when it was found that the patient laboured under a cribriform hymen, which partially obstructed the genitals. Now, in this case, as in that of Chambon, impregnation was accomplished, but not, as in the French girl,

speedily; for, as I before stated, the impregnation here was delayed for several years, in consequence of the partial obstruction of the vulva. And here it may be observed, by way of corollary, that whenever intercourse is impeded or sterile, we ought, by all means, to inquire into the state of the hymen; for it not very infrequently happens that, from the strength of this membrane, and the sufferings which arise from pressure, the designs of nature are frustrated; and not infrequently the male imputes to his own want of power, what, in reality, is in good measure, at least, to be ascribed to the timidity, the sensibility, and the over firmness of the female. The most effectual and natural cure is impregnation, which may, I know, sometimes, rather seldom and speedily, be accomplished without penetration, for if once impregnation occurs, then the passages at birth will be laid open completely; but it is, too, very easy to enlarge the passage by other means; and with this remark, I conclude both the lecture and the course. Observe the preparations.

[The learned Doctor left the Theatre amidst the universal and enthusiastic applause of his intelligent and numerous class.]

#### ON HÆMORRHAGE OF THE BRAIN.

By M. A. TROUSSEAU, D.M.P.

PREVIOUS to the important researches of modern anatomists, relative to the morbid anatomy of the brain, a great many diseases were indiscriminately comprised under the term of apoplexy. The symptoms arising from congestion and pressure of the brain, from hæmorrhage in its substance, and the different degrees of coma from carus to complete lethargy, have thus been confounded under this term, which at present ought to be banished from our medical nomenclature; as the different organic lesions of the brain, which are attended by the symptoms formerly considered as characteristic of apoplexy, viz. abolition of sensation and motion and disturbance of the mental faculties, are now sufficiently known and distinguishable from each other. Like the word apoplexy, a great many other names have hitherto been vaguely used, as epilepsy, hysteria, &c., which, in most cases at least, are, very likely, founded on organic disease of the brain or nervous system, the anatomical characters of which as yet are, not known with any degree of precision.

The anatomical characters of cerebral hæmorrhage are of course very different, according to the various stages of the disease between extravasation, and the more or less complete absorption of the effused blood. In the first period, the blood is found in the middle of the cerebral tissue,

half quid and half coagulated, generally very dark coloured, varying in quantity from a few drops to several ounces. The quantity is generally greatest when the effusion takes place at the surface of the brain, or in the neighbourhood of the ventricles; and, in the former case, the convolutions are compressed, angular, and effaced. On removing the extravasation, it appears that the blood has penetrated into the cerebral tissue with considerable force, for the parietes of the hemorrhagic cavity are uneven, lacerated, and disorganised; sometimes portions of softened cerebral mass are completely detached and surrounded with blood. The cerebral tissue round the extravasation is infiltrated and ecchymosed, and sometimes even contains smaller accumulations of blood, so as to make it appear that one point of the brain had become the centre of a hemorrhagic irritation. If the examination takes place at a later period of the disease, between the third and fifteenth day after the attack, the cerebral tissue round the extravasation is, to a greater or less extent, softened, of yellowish colour, and filled with red points; the serous part of the extravasation has begun to be absorbed; the coagulum is paler and firmer, and distinctly exhibits fibrous masses mixed with crur; the parietes of the hemorrhagic cavity are smoother, and not so dark coloured. Between the fifteenth and thirtieth day, the volume of the coagulum is found diminished in size, of greater density, and much paler, especially in those places where it is in contact with the parietes of the cavity. On examining its structure, it is found to consist of fibrous layers, and crur deposited between them; it sometimes adheres to the parietes by means of fibrinous prolongations. At the same period, the cerebral substance round the cavity gradually recovers its former density, and becomes even more firm: it is natural, so as to form a capsule of a yellow colour, several lines in thickness, and, at its inner surface, beset with villousities analogous to those of the mucous membrane of the intestinal canal; there is no distinct line of demarcation between the tissue of this capsule and the surrounding cerebral substance. At the expiration of two or three months, the capsule has become perfectly distinct from the neighbouring parts, of dark yellow colour, very firm consistence, and one or two lines in thickness. Its inner surface is smooth and moist; the coagulum is very firm, much reduced in size, and of brownish yellow colour; in most cases, it is at some points adherent to the capsule, and partially surrounded by a reddish fluid, which appears to be exhaled by the inner surface of the capsule; its quantity, relative to the firm coagulum, varies greatly in different cases.

From this period, the capsule gradually contracts; its parietes become attenuated, so as to form a very delicate network of a ferruginous colour, and interwoven with small blood-vessels; the coagulum further diminishes in size, and, at last, completely loses its colour. Such are the remains of the extravasation, as they are found between the sixth and eighteenth month. At a twelvemonth after the attack, there exist but seldom any traces of the coagulum; it seems, however, that the age and constitution of the patient, the part of the brain in which the blood has been extravasated, the plan of treatment employed, and a great many other circumstances, exert a great influence in shortening or lengthening the period during which the coagulum is absorbed. After a complete cure, the only trace of the former lesion is, sometimes, a very small cicatrix of cellular texture, and but of little more density than the surrounding cerebral substance; in other cases, the former extravasation is replaced by a small cylindrical cavity filled with yellowish serum, and divided by septa of cellular texture into numerous small cavities; in other cases, lastly, there remains a small cyst filled with serum, without any trace of the coagulum. Where the extravasation had taken place near a lateral ventricle, or the external surface of the brain, there is generally a slight depression visible externally.

Sometimes there exists more than one centre of extravasation, and, in numerous cases, it seems that the hemorrhagic cavity originally results from the reunion of several smaller ones. There are even cases on record of hemorrhage having taken place at the same time in the tissue of the brain and the cerebellum.

In a great number of apoplectic patients, the first attack is attended with incomplete paralysis, and a partial or disturbance of the intellectual faculties, while the second attack often throws the patient into complete lethargy and confirmed hemiplegia; in such cases the recent hemorrhage is found to have taken place in the neighbourhood of the first; sometimes, however, at a greater or less distance from it, and even in the opposite hemisphere. Not unfrequently also the symptoms of the attack gradually increase, and are some hours before they attain to the highest degree; this may be accounted for by the increase of the quantity of blood, or by the reunion of several hemorrhagic cavities into one. The latter opinions are of course not confirmed by any fact, because these operations of nature are concealed from us; they are, however, so distinctly borne out by analogy, that they can hardly be objected to. The frequent cases of hemorrhagic diathesis, where the cellular tissue, mucous membrane of the nose,

lungs, stomach, and uterus, and the serous membranes, and parenchymatous organs, are repeatedly and alternately the seat of copious hæmorrhage; the post-mortem examinations after fatal hæmoptoe, where numerous hæmorrhagic indurations are found in almost every part of the lungs, while in other cases one lobe only has been destroyed by a large extravasation, are best adapted to confirm this supposition.

It might be asked, whether cerebral hæmorrhage takes place by rupture of the vessels, or by exhalation of blood? The former, certainly, very often occurs, especially in the larger blood-vessels of the brain. This is not, however, sufficient to convince us that it is the cause, and not the effect of the hæmorrhage. We find, indeed, that the hæmorrhage of other parenchymatous organs, as, for instance, of the lungs, is but seldom accompanied by rupture of the vessels, which is only observed in those cases where the pulmonary tissue has been destroyed to a great extent, and where it is as reasonable to suppose the rupture of the vessels is subsequent to the hæmorrhage. The same happens in the spleen, where, after long intermittent fever, the tissue is often filled with a large quantity of blood, without any laceration of the vessels. It appears, accordingly, that in the first stage of cerebral hæmorrhage, the blood is exhaled into the tissue of the brain, but that during the subsequent resorption of several smaller extravasations, the texture is torn and the vessels are lacerated.

After the hæmorrhage, the cerebral tissue becomes the seat of a more or less intense inflammation, partly in consequence of the mechanical lesion, partly, perhaps, because the coagulum acts as an irritating substance. Infiltration and softening of the cerebral pulp round the coagulum, are the necessary results of this inflammation, the effects of which are, however, often found, even at a considerable distance from it. Some pathologists are, indeed, of opinion, that inflammation and softening of the brain precedes, and is even the cause of, the extravasation into the cerebral substance; however, the circumstances of apoplexy mostly taking place suddenly and without being preceded by any precursory symptoms, indicative of an important lesion of the brain, appears to refute this theory, which, at best, is applicable to those few cases only, where such symptoms have been observed before the attack of apoplexy. At the post-mortem examination of a young man, who apparently died from chronic encephalitis, the author found a great quantity of extravasated blood in the centre of a softened and almost diffuent substance of the brain, the inflammation, and morbid alteration of the substance of which, had been clearly

recognised for a considerable time before the patient's death.—*La Clinique.*

#### TREATMENT OF VESICO-VAGINAL FISTULA, BY SUTURE.

In our last Number, page 701, we gave an account of a case of vesico-vaginal fistula, in which M. Roux, of La Charité, had applied the twisted suture, but which had proved fatal a few days after the operation. The following case, in which M. Lallemand's method was employed with better success, is extracted from the *Racengloric Medico*, a journal published at Bologna.

Maria Reggiani, ætat. 22, after a very difficult labour with her first child, was affected with a vago-vesical fistula, the opening of which was so large, that a finger could be passed through it into the bladder. After having been subjected during eight months to several methods of treatment, without any effect, she applied to Dr. Malagodi, of Bologna, who, on the 28th of Aug. 1828, with the assistance of Drs. Montebugnoli and Rossignola, performed the following operation:—The patient having been placed in the same situation as for lithotomy, the operator introduced the fore-finger of his right hand into the fistula, and by bending the two upper phalanges, drew it down as much as possible towards the aperture of the vagina, and made a semilunar incision on one side of it upon the fore-finger, which was guarded by a sheath. Another incision having been performed on the right side of the fistula, and its indurated edges removed, three sutures were applied by means of small curved needles, so as to produce a perfect closure of the fistulous aperture, which was covered with a piece of lint. The patient having been removed to her bed, was placed on her back, and an elastic catheter introduced and kept in the bladder. On the following day, no urine was found to have escaped through the fistula, but on the third, the lint in the vagina was found slightly moistened with it. On the fourth day the wound was examined, and found to have completely united at its two upper thirds. The lowest suture had cut through the left edge of the wound, and there remained an aperture of nearly the third part of its former size. The application of the nitrate of silver, which had been repeatedly used before the operation, was, after three weeks, attended with great amelioration, and having been continued for some weeks longer, the opening completely healed, so that the patient was perfectly cured by the beginning of January. For about a month after the operation, the catheter was constantly kept in the bladder.

## TREATMENT OF SPINAL CURVATURE—APPHARATUS, AND CASES.

By Mr. T. SHEDDRAKE.

In my last letter, I endeavoured to show, that attempts to stretch the distorted spine, by forcibly raising the head, have always been ineffectual, as well as productive of serious injuries to those upon whom such attempts have been made. I shall now say a few words of the instrument which I invented, and made public so long ago as the year 1782, and of its effects in the cases of those patients to whom it has been properly applied. Within a few years, however, I have brought to perfection a more perfect method of curing spinal curvature; one which does not involve the application of any mechanical instrument to the person of the patients; so that I now do not use my own long-tried and approved invention, except upon those patients who cannot, from peculiar circumstances, be subjected to a more perfect mode of treatment; as, however, it has always been found useful, and is not properly known beyond my own practice, has been very awkwardly pirated, and misrepresented, I shall, perhaps, be permitted to explain its principles, for the information of those to whom it may be useful.

You and your professional readers will understand the great difference there is between attempting to stretch the spine, by forcibly pulling up the head with all the power that can be applied to it, which power is rendered useless, because it forces into violent action every muscle that is connected with the head, spine, pelvis, and parts connected with them. I showed in my last, that this power of the muscles must necessarily be exerted in counteracting all such attempts to stretch the spine, and that, as regards the suspension of the head, if such suspension were not used, the body would be injured by its pressure. To make this practice more intelligible, I will describe some cases.

CASE 1.—A boy, who was eight years old, had curvature in the spine, attended with paralysis of the lower extremities; those of the lumbar vertebrae projected directly outwards. He was, for this complaint, treated by the process that was employed by Pott; large issues were made by caustics on each side the projecting vertebra, and a considerable discharge was kept up. Under this treatment the patient recovered the use of his legs, and a certain degree of health, as the command of his legs was useless, unless he availed himself of it, he was advised to walk cautiously, and to rest when he felt fatigued; in this course he proceeded several months, during which time he had the full

use of his legs, but his health rapidly declined; his body, from the pelvis upwards, became more deformed, and he breathed with increasing difficulty. While in this condition, medicine was administered in every form that the most eminent practitioners could suggest, but without advantage, and the bad symptoms regularly increased, until nothing was left to be expected but his speedy dissolution.

While in this condition, some person, who had received professional services from me, advised that I should be consulted; the family lived at the distance of one hundred and twenty miles from London, and the patient was so weak, that it was with the greatest difficulty he could be brought to town, but at last I did see him. It appeared to me that all the evils he now suffered, were consequent on the state in which his spine must have remained, after the disease that had produced paralysis of the extremities was removed; it was certain that caries had destroyed a considerable portion of three vertebrae; to what extent, however, it was impossible to ascertain, while the patient was alive; it was probable that a healthy state of the remaining parts had been restored, and it was possible that callus might shoot out from every point of the now healthy vertebrae, and proceed, as callus will do, till it filled up the space rendered void by the disease. If this course had been taken at the time the patient was first restored to health, that health would have remained; but, from the state in which he was when I first saw him, it appeared to me that there was no chance of saving his life, but by adopting the plan that I had suggested for the treatment of similar cases in my first publication on this subject, in the year 1782, and the description of which by the "Critical Reviewer" of that day, was given in my last letter.

This plan consisted, first, of a contrivance which combined several steel springs in such a manner, that, when put together and covered with soft materials, it formed an exact counterpart to those parts of the pelvis on which it was intended to rest. When completed, it formed an immovable hollow body, so sitting upon the external parts of the pelvis, as to cause no interruption to the action of the thighs, either in walking or sitting, while the hollow parts fitted exactly upon the tumour on each side, pressing equally upon the whole, without pain or uneasiness of any kind, in whatever situation the patient might be placed. The next part of the contrivance was that by which I obtained a firm hold upon the head, without any means visible to a by-stander, the whole being concealed by a cap, or head dress of any kind that the patient might choose to wear, and without any thing under the chin,

so that the patients who were subjected to *this* treatment were not "gibbeted," as Mr. Abernethy has elegantly and surgically expressed it, nor did they suffer any of the other evil effects attending the gibbeting process. An evil that is equal in degree, and superior in duration to any other in this mode of stretching the spine, is that of craning up the head, *à la mode de Facher*, by passing straps under the chin. The straps are drawn tight and close to the lower jaw on each side; the inevitable consequence of this practice is, an indentation in that part of the face, which destroys its beauty, when it possesses any, and in every case fixes an indelible peculiarity, which is by no means agreeable, for the rest of the patient's life.

The two parts I have described, were connected together by others, particular care being taken to prevent pressure of any kind upon such parts of the body as the projecting vertebral process, issues, &c., and which care greatly contributed, of course, to restore them to their healthy state. The apparatus was further contrived to allow of alterations in it of any necessary kind.

When this apparatus was completed, I proceeded to apply it to the patient, by placing one hand under the chin, the other under the occiput, raising them both in the most gentle manner, till the patient was relieved from his difficulty of breathing, and when I found the symptoms of uneasiness approach, I desisted from all attempts to raise his head higher, and fixed it in a situation that prevented it from falling into its former position again. At the same time he had the power of moving his head in a circular direction, without inconvenience. After he had been well accustomed to remain in this condition, he was encouraged to walk, or to take other exercise, as he pleased; thus situated, he stated that he was as comfortable as when seated in an easy chair. He was then left under the influence of proper medicines, diet, &c., till he recovered his health, without any further deterioration of his form; his recovery in that particular was never tried, and in all probability it would have failed had it been made, and his life been sacrificed to the imprudent attempt.

After this patient had continued within my view for two or three years, I saw him no more, and ceased even to think of him, until I was, by accident, informed, that he was alive, in good health, and possessing as much activity as the peculiarity of his form would admit: in this respect, his form did not differ from what it was when the original disease was removed.

I have given this case, in preference to others of a more recent date, because it shows all the consequences of this mode of

treatment; this gentleman has enjoyed thirty years of health, and whatever happiness his condition would allow, whereas, if any other course had been followed, his days would soon have been numbered. You will perceive that this treatment was by suspension of the head, so as to prevent its pressure from increasing the deformity and deranging the action of the whole body.

I will now give another case, to show the value of this treatment, while the cure of what has been called "Pott's curvature," by the application of issues, is going on.

When General Dumoulier resided in this country, he had a daughter, more than twelve years old, with a bad case of spinal curvature; it was one of those cases in which female influence was exerted to employ stay-makers, and other persons of that class, for its cure, of which they were all certain; at least so they promised; but, notwithstanding those promises, her deformity increased, her health declined very rapidly, and the General was advised to consult with me. I found that several of the dorsal vertebrae projected directly outwards, to an extent which indicated that the vertebrae had received great injury; the thorax was much distorted, and the weakness of her legs, as well as the ill state of her general health, indicated that paralysis of the lower extremities would soon come on. I explained my opinion to the General, and advised him to seek such other advice as he was desirous of obtaining. He consulted Mr. Heaviside, who coincided in my view of the case, and recommended that Pott's treatment, the forming extensive issues on each side of the curvature, should be adopted. In addition, he agreed to *suspend the head*, according to the plan that I had proposed, as that would prevent increase of the distortion, irritation of the diseased parts, and give every opportunity for the discharge of the issues. Moderate exercise in the open air, instead of confinement to a sick bed, the invariable practice of Pott and his disciples, with proper attention to diet and medicine, would, it was agreed, afford every chance for recovery that was possible. This plan was carried into execution under the direction of Mr. Heaviside; it was left to me to regulate the use of my own instrument, so as to have *no extension of the spine*, a plan which would only have irritated the disease in the vertebrae, increased the curvature, and ended in the destruction of the patient, as is commonly the case in attempts to stretch the vertebral column.

This young lady continued under the care of Mr. Heaviside about two years; at the end of that time she regained her health and activity. The projection of the vertebrae continued as it was when I first saw her; there was no increase of the distortion, nor

any symptom which indicated that any disease remained in the spine. The probability is, that the disease was entirely eradicated; that callus was formed to supply the loss of whatever bony matter had been removed, and all the consequences were prevented which must otherwise have ensued. I saw this young lady many times afterwards while she continued in England, and, as long as I had opportunities of seeing her, she continued in good health.

One circumstance in this case is worthy of observation. Mr. Heaviside made the incisions by incision. General Dumourier chose to be present when they were made, and afterwards declared, both to Mr. Heaviside and myself, that he suffered more mental anguish in witnessing this operation than he had suffered in all the engagements he had witnessed put together. Human nature is composed of strange materials.—This wholesale destroyer of human life could cut down his thousand and ten thousand of human beings, with no other feeling than that of a desire to cut down as many more; yet he trembled at the sight of an operation of no very terrific appearance, performed upon a young child, done to restore her to health, and perhaps to save her life.

This is one of the many cases which I could produce to show that the adoption of this practice, in the earliest stages of this disease, affords, what I may call, a certainty of stopping its progress. I see patients in every direction, who, in early life, were subjected to its ravages, and who, by adopting the treatment I have described, were secured from its effects, and are now approaching old age. When a professional man is himself convinced of the propriety of following the course that has been described, the great difficulty he has to encounter is to persuade his patients, or their friends, to submit to the proper treatment in the early stages of the disease, at which time it may be used with the greatest advantage. A single point, formed by one spinal process, appears to project outwards, either among the dorsal or the lumbar vertebrae; the child complains of pains in that part of the back which is near it, and perhaps of irregularity in the action of the legs. If a surgeon be consulted who understands the facts, and proposes the proper remedy, upon the ground that the existence of the disease is certain, and therefore the sooner the only effectual remedy is applied the better it will be for the patient; this, as Abernethy said upon another occasion, the parents will not believe; they will not believe that a little projection, such as that which they see, can require such serious treatment; they will consider about it, and consult their friends. Every friend who is consulted has some infallible remedy to propose, and nu-

merous pretended remedies are brought into view. In a multitude of counsellors there is said to be wisdom, but in these cases there is nothing but folly. The stay-maker, the shape-mender, the spine-stretcher, are brought into play; and when, by their united exertions, the patient's disease and deformity are increased, the constitution is ruined, and life endangered. Recourse is again had to the surgeon, who is at last seriously consulted, and may think himself fortunate if even he saves that life with an injured constitution, which he might, with ease, have preserved in good health, if a rational system of treatment had been acted upon when he was first consulted. I saw many such cases during several years in which they were under the care of Mr. Ford. He always insisted, as soon as he saw the decided projection of a single vertebra, not only upon forming issues to keep the discharge in the neighbourhood of the disease; but upon suspending the head as I have described, and upon keeping the patient, as much as circumstances would permit, in the open air, with easy exercise, and attention to diet and medicine. He invariably followed this course of treatment when he was allowed to act for himself, and when he did so, I never knew him lose a single patient. When they applied to him, after they had long persevered in a different course, and brought themselves into a dangerous situation, he, like others, had his imperfect cures and his total failures; but the uniformity of his success, when his patients from the beginning followed the course that he prescribed, indelibly fixed it upon my mind, that this is the course which, in the treatment of this class of spinal curvatures, ought to be followed to ensure success. I am, Sir, yours, &c.

T. SHIELDRAKE.

43, Allsop Terrace.

NOTE FROM MR. SHIELDRAKE.

To the Editor of THE LANCET.

SIR,—I am not, in any manner, acquainted with your correspondent, Mr. J. H. Heaton, of Tickhill; I will not, therefore, speak of him further than to say, that if I have written any thing that is unintelligible, incorrect, or untrue, that is a matter of fact which may be demonstrated; and if Mr. J. H. Heaton can, and will perform such demonstration, the profession and the public will be benefited, and I shall stand corrected and improved, for which I shall be very thankful. And am yours, &c.

T. SHIELDRAKE.

43, Allsop Terrace.

CASE OF GASTRO-ENTERO-CEPHALITIS, ATTENDED WITH MALIGNANT SYMPTOMS, SUCCESSFULLY TREATED.

By M. BROUSSAIS.

THE tenth volume of the *Annals of the Physiological Medicine*, contains a case of typhus gravior, by M. Broussais, which we have been tempted to translate for the perusal of the British physician. It is every way worthy of his serious consideration; a most violent form of fever, attended with alarming symptoms, finally overcome by means so simple, and apparently so inefficacious, as to astonish the active practitioner. Could we have the courage to follow *pari passu* the founder of the physiological medicine, and rely on similar means in the treatment of our fatal forms of fever, there is reason to believe that we should less frequently have to deplore the inefficiency of our art, and perhaps never the hurtful tendencies of our remedies. Let the stimulators meditate on this case, and compare it with similar ones in their own hands. The details might have been considerably abridged without detriment, but we thought it better to give them in full; for the case may be considered, as it regards the power of antiphlogistic treatment in these fevers, a specimen of many others scattered through the volumes of that valuable journal.

Henry Bethune, student of medicine, aged 20, of plethoric, robust, and well-constituted habit of body, has been occasionally subject to derangement of the digestive function, which he usually treated with emetics. He has lived in Paris for the last eighteen months, and had more frequent attacks of this complaint, attended with violent headache; aggravated, no doubt, by his constant application to study. He had been for some days suffering from this complaint, without, however, relinquishing his daily pursuits, when on the 26th of February he took a walk with a friend, during bad weather, beyond the city, and returned to his lodgings in the evening affected with fever. The next day he was in the following state; tongue coated with white fur, slightly red at the point and edges; mouth clammy, anorexia, thirst, nausea, tenderness of the epigastrium, diarrhoea, pulse frequent, hard, and full; superorbital pain; sleep frequently disturbed, contusive pains of the limbs. Venesection; perfect quietude; abstinence; milk and water for drink.—28th. Same state as yesterday; only the pulse is less tense, the headache less violent.—March 1st. The whole abdomen painful on pressure, flatulency; borborygmi, with frequent liquid stools, pulse more frequent, not so full, but harder; headache more violent; the patient could scarcely

support himself on his feet. An abundant epistaxis supervened during the night, which sensibly relieved him. Ten leeches to the anus; emollient fomentations to the abdomen; gum water.—2d. The night was calmer than yesterday; a slight remission of the symptoms.—3d. Aggravation of the inflammatory symptoms; alvine discharges less frequent, tension of the abdomen; delirium during the night.—4th. M. Broussais is called to the patient; redness of the tongue more circumscribed, anorexia for cold drinks; epigastrium tumefied, tense, hot, and very painful; stools suppressed, urine scanty and high coloured, with encrochema; delirium at times furious, subsultus tendinum; pulse quick, small, and corded. Fifteen leeches to the epigastrium, five to each temple; refrigerant applications to the head; gum water for drink.—5th. Tongue dry, very red towards its point, covered with a fuliginous coat, and the patient scarcely able to extend it beyond the lips; breath fetid; sensible diminution of the pain and tension of the epigastrium; hypogastrum now tense and painful; borborygmi, discharges of fetid gas per anum; dysuria, continuance of delirium, with loquacity alternating with muttering, carphology, subsultus tendinum; eyes bagged, hallucination, stupor, continual efforts to uncover the extremities, pulse small and quick. Towards night there succeeded to these symptoms a deep comatose state. Six leeches to the hypogastrum; refrigerants to the head.—6th. A very copious epistaxis came on about four in the morning, preceded by heat and redness of the face; the hæmorrhage continued to flow during the day and following night. In consequence of this the patient gradually became more rational and collected; the countenance resumed its expression, the pulse rose, became fuller and less frequent; the tongue moieter, and the hypogastrum more supple. Emollient cataplasms to the abdomen; continuation of refrigerants to the head.—7th. Patient sensibly better. The tongue is less red, and its sooty coating has disappeared; abdomen supple; urine sufficiently abundant, free, and no longer high coloured. He has had a copious alvine evacuation, very fetid, and as black as ink; (he had swallowed a great quantity of blood.) pulse less frequent and hard; thirst very great. The arrival of the patient's relatives afforded him gratification, and he conversed with them composedly. Small enemata of cold water to be repeated two or three times in the day; refrigerants to the head.—8th. Prostration of strength, somnolency, intense thirst, desire for cold drinks (he asked for a piece of ice); abdomen has again become painful and tense; no alvine discharges; urine abundant; pulse again 100. Refrigerants to the abdomen;

void enemata.—9th. Same state as last evening. Same prescription.—10th. Dryness of the throat; tongue fuliginous; greater tension of the hypogastrium; bowels continue costive; frequent desire to pass urine; slight cough; transitory delirium; continual somnolency; eyes turned convulsively upward; subulcus tendinum. Six leeches to the hypogastrium; emollient cataplasms to the abdomen instead of the refrigerants.—11th. Abdomen nearly in the same state; hardness in the left iliac region, attributed to the distention of the sigmoid flexure of the colon. The leech-bites surrounded with a livid areola, frequent desire to void urine, especially after drinking much; it is pale and limpid; slight cough, pulse less frequent; somnolency. A small enema of cold water, emollient cataplasms to the abdomen; acidulated barley-water for drink.—12th. Much the same as last evening. Skin dry, with acrid heat. An oily enema given, which produced two scanty, fetid, and black stools.—13th. Copious stools during the night, of the same colour and colour as the preceding ones. Face pale, bluish, especially about the eyes; tongue, teeth, and lips, covered with dark sordes; speech difficult; abdomen swollen and tense; thirst less; urine scanty; pulse frequent and small; cough trifling; delirium transitory. Cold applications to the abdomen. Cough increased during the night; became very harassing, and without expectoration; respiration frequent; cheeks flushed; delirium constant; pulse very frequent, small and corded; thirst very intense. Twelve leeches over the lower part of the sternum; emollients to the abdomen and chest, instead of refrigerants.—14th. Cough and disordered respiration nearly ceased; face flushed instead of being pale; pulse less frequent and fuller; tongue cleaning off; thirst abated; speech freer; abdomen less tense; urine not so abundant; stools less copious; delirium transitory; the patient asks for food. The subulcus tendinum continues. Emollient enemata; emollient fomentations to the abdomen.—15th. Complexion clearer; expression of the countenance more natural; great desire for food; he talks only of eating; the sordes on the tongue and lips are nearly disappeared; he can put out his tongue with facility; abdomen supple, except in the right iliac region; has had two stools during the night; pulse less frequent; cough has ceased, delirium very slight. Same prescription.—16th. Exacerbation during the night; delirium, agitation, subulcus tendinum; pulse frequent and fuller; cough, with quickened respiration; tongue and lips again covered with sordes; speech embarrassed; thirst more moderate; the patient talks continually about eating; abdomen swollen and tense, especially in the hypogastric region; costive; discharge of urine scanty and involuntary. Twelve leeches to the hypogastrium during the exacerbation; emollient fomentations; enemata.—17th. Great prostration of strength; face pale and dingy; eyes dull and sunken; cheeks and temples hollow; deep stupor; lies immovable on his back, with constant tendency to slide down in the bed; arms perfectly relaxed and powerless; takes no notice of any thing; the organs of sense greatly blunted; continual moaning; lips, teeth, and tongue dry, and covered with brown sordes; deglutition difficult, refuses drink, which seems to pass into the stomach mechanically; cough; respiration at times laborious; pulse frequent, small, and impeded; heat diminished; abdomen sunken and flaccid; involuntary discharges of urine; the body exhales a strong odour of mice; costive. Sinapisms to the legs; gum-water, with a sixth part of milk for drink.—The patient scarcely moves his legs; the sinapisms, though very irritating, have produced but slight redness; pulse almost insensible, but frequent; cough continues; chest sonorous; respiration slow and easy; the patient is roused from his stupor with difficulty; abdomen greatly sunken. Sinapisms.—19th. Stupor and drowsiness less profound; the patient recognises those about him, and answers tardily, but distinctly, to questions; deglutition better; pulse fuller and less frequent; cough moderated, and attended with expectoration; voluntary discharge of urine; patient lays on his side; the surface of the body uniformly warm. Gum-water, with milk and rice-water, for drink.—20th. The night has been calm, as well as the greater part of this day; an exacerbation at night; cheeks flushed; tongue dry and coated; cough more urgent; pulse frequent and full; heat augmented; urine discharged involuntarily; lies on his side; a large eschar has taken place over the sacrum. Diluted gum-water for drink; emollient enemata.—21st. Towards morning the somnolency ceased, and the patient became rational; thirst great; desire for food; tongue moist and cleaning off; cough slight; pulse less frequent. Great prostration of strength, with emaciation; urine discharged voluntarily; bowels so torpid that the enemata are not discharged. At night a similar exacerbation as the preceding day, with obstinate drowsiness, taciturnity, stupor, moaning, cough, subulcus tendinum; frequent and small pulse; involuntary discharge of urine; lies immovable in supination. Sinapisms, enemata, gum-water.—22d. During the day the same state as last night. Sinapisms have produced no effect; exacerbation at night. Same prescription.—23d. Same as yesterday; at night the cough is more frequent; the patient seems gay and

talks much; continued emaciation; a copious stool obtained by an enema.—24th. Nothing particular; exacerbation at night. Gum water for drink; enemata.—25th. Cough very frequent; respiration accelerated; surface of the chest hot; cheeks flushed; pulse frequent; delirium; agitation; refuses drink; breath fetid; urine discharged involuntarily; he continually uncovers himself, and complains of a weight on his chest, which threatens to suffocate him. Emulsion for cough; enema; cataplasms over the chest.—26th. Patient much agitated during the night; cough frequent, and constant delirium; more calm in the morning; less pulmonary affection; a desire to void urine. Emulsion; enemata; tepid drinks.—27th. Same state; remission during the day; exacerbation at night. Same prescription.—28th. Nothing particular; cough relieved; pulse soft but frequent; the excretions very fetid, especially at night; patient continually uncovers himself; complains of the least weight on the abdomen; talks continually about eating and returning home; delirium constant even during the day.—29th, 30th, 31st. Same state. Enemata.—April 1st. Cough trifling; pulse frequent, and tongue dry during the exacerbation; no thirst; great desire for food; bowels opened; urine scanty and high coloured. Enemata; small quantity of decoction of arrow-root.—2d. Cough increased; pulse frequent; skin hot; cheeks flushed; delirium aggravated; urine suppressed; bowels costive. Calming potion; gum-water; enemata.—3d and 4th. Cough trifling; pulse soft and small in the day; frequent at night; also at this time tongue dry, and speech embarrassed; progressive emaciation; eschar over the sacrum detaching with abundant suppuration; great desire for food; sleep at night; urine turbid and scanty; less factor of excretions. Starch enemata; arrow-root.—5th, 6th, 7th, 8th. Cough ceased; pulse still frequent, from 90 to 95; emaciation extreme; tongue coated and dry; no thirst; urine scanty and turbid; lips red; senses of sight and hearing morbidly acute; great desire for food; the enemata have brought away a small quantity of hardened stools; eschar detached; the surrounding parts inflamed, and very painful; hips and elbows on the point of ulcerating; a phlegmon in the integuments of the hypogastrium. Enemata; gruel, rice-cream, vegetable broth.—9th, 10th. Pulse not nearly so frequent; tongue moist and clean; speech natural; rational; moderate discharge from ulcer on the sacrum; phlegmon on abdomen opened. Rice-cream; diluted milk; small quantity of animal broth. From this time the food was gradually made more nourishing, and the patient gained sufficient strength to leave his chamber in a month, and finally

recovered his original health and strength, with the loss of his hair.—*American Journal.*

*A Treatise on the Nature and Cure of Intestinal Worms of the Human Body.*

By WILLIAM RHIND, Surgeon.

[Concluded from p. 696.]

It has been observed that the inhabitants of some countries, and even some districts of the same country, are much more liable to worms than others, but this cannot be referred to any peculiar cause. The inhabitants of the low and marshy plains of Holland, and the mountaineers of Switzerland, are both particularly liable to worm affections. The former chiefly feed on fish, milk, and bread, and the latter consume much milk, butter, and cheese. Pallas is of opinion that the inhabitants of cities are more liable to worms than those of the country; and that all animals which live on flesh, are more subject to the disease, than the graminivorous species. Bremser, however, maintains an opposite doctrine.

"It is probable, too, that a diet not sufficiently stimulating, as one entirely composed of farinaceous and vegetable matter, may be followed by the same consequences. Salt, from its stimulating qualities, is known to be a preventive of worms. Lord Somerville, in his address to the Board of Agriculture, relates the following circumstance: 'The ancient laws of Holland ordained men to be kept on bread alone, *unmixed with salt*, as the severest punishment that could be inflicted upon them in their moist climate. The effect was horrible; these wretched criminals are said to have been devoured by worms engendered in their own stomachs.' Salt, too, when given to graminivorous animals, besides its other beneficial effects as a stimulant, is of advantage in causing the destruction of the various intestinal worms to which this class of animals are liable. For this purpose, it has also been used as a remedy for sheep with diseased livers: which disease is frequently caused by the lodgment of a peculiar worm in that viscus."—p. 32.

The author enumerates five different species as inhabiting the alimentary canal: *trichocephalus dispar*, *oxyuris vermicularis*, *ascaris lumbricoides*, *bothriocephalus latas*, and *tænia solium*; and eight species found in other parts of the body: *filaria medinæ*—

sis, hamularis subcompressa, strongylus gigas, distoma hepaticum, polystoma pin-guisola, cysticercus cellulosa, echinococcus, and oxyuris angulata.

"*Trichocephalus dispar*, the long thread-worm, when full grown, is in breadth the sixteenth part of an inch, and in length from one and a half to two inches. The anterior part of the worm is small and capillary, forming two thirds of its length: it terminates in an acute point, where the mouth is situated. The posterior part swells out to a considerable size; and, in the male, is twisted round in a spiral form. The alimentary canal runs in a direct line from the anterior capillary part, which is striated crossways, extending through the posterior thick part to the tail. In this posterior part are found the spermatic vessels convoluted, and folded back upon themselves, and which terminate at the extremity of the tail; in the male, in a small transparent tube or penis; in the female, in a kind of vagina.

"The male is a little smaller than the female, and so pointed towards the commencement of the head, that the opening of the mouth is scarcely perceptible. The female is distinguished from the male by having a somewhat longer anterior capillary part, and from the posterior part being rarely found bent in a spiral form. In this posterior part, in the female, are found the oviducts and eggs, of an elliptic form, placed about the intestinal tube. There is, at the extremity, a small opening, which may serve at the same time for anus and vagina.

"This animal is supplied with a cuticle, a cutis, or true skin, and a set of annular muscles: its colour is most generally white, although sometimes assuming the tinge of the aliments among which it is found.

"This species is found generally in the large intestines, but most frequently in the cecum: occasionally they are to be met with in the rectum; and some report, that they have found them in the jejunum, and inferior part of the ilium.

"It is called *trichocephalus*, from the Greek words *τριχος* and *κεφαλή*, capillary, or hair-headed.

"*Oxyuris vermicularis*, the maw or thread worm.—The male of this worm is, in length, about one line to one line and a half, and of the thickness of a piece of fine thread, very elastic, and of a white or yellowish colour. The head is obtuse, and covered with a thin transparent membrane, in the middle of which is a small aperture, where is perceived a straight tube, which is the oesophagus of the animal. The body becomes gradually thicker towards the tail, which is convoluted, or turned up in a spiral form.

"The female is larger and longer, by

three or four lines, than the male, which it resembles exactly in the structure of its anterior part, till the place where the stomach terminates. At this place the alimentary canal is surrounded on both sides by the oviducts, which swell it out considerably. The body then suddenly contracts in diameter, and gradually tapers away to the tail, which is bodkin-shaped, and so fine as scarcely to be perceived by the naked eye. About two lines from the head, Dr. Hooper describes a small punctiform aperture, which is the termination of the uterus or the vagina of the animal.

"The Greeks gave to these worms the name of *ascapites*, from *ασκαπειν*, saltare, to leap.

"*Ascaris lumbricoides*, the long round worm, is about the thickness of a goose quill, and from six to ten, and even fifteen, inches in length. Small ones, of the length of an inch and a half, are rare. The colour is generally a brownish red, but it varies considerably: it is clear or dark according to the nature and colour of the aliment with which the animal is filled. They are of a red colour, sometimes, as if they had been sucking water tinged with blood. When recently passed, they are quite transparent, and the viscera and organs of generation may be distinctly seen through the integuments; they soon, however, assume a light and opaque yellow tinge.

"The male is smaller than the female, and is distinguished from the latter by having the end of the tail bent. The apparatus of generation of the male is much less in size than that of the female.

"In the female the organs of generation fill nearly the whole cavity of the worm. The tail is straight; and near the middle of the body is an annular depression, about the fourth of an inch in extent, in which is a very small aperture, which is the vagina.

"These worms infest the small intestines of the human body, and are also found in those of oxen, horses, and pigs. The jejunum and ilium are their most common abodes; but they frequently ascend into the stomach, from thence into the oesophagus, and make their exit by the mouth and nostrils. It is only after the exhibition of vermifuge medicines that they descend to the lower intestines. They are also reported to have been found in the gall-bladder and ductus communis choledochus.

"*Bothriocephalus latus*, the broad tape worm, consists of a head, a chain of articulations, more or less long, and a small rounded tail. It is to be found in the small intestines of the inhabitants of Poland, Russia, Switzerland, and some parts of France, but is not so generally met with in this country as the next species to be described—the *tania salina*.

"In the *bothriocephalus*, or broad tape worm, the articulations are in general broader than long; towards the middle of the body they are in shape an oblong square, have a regular and uniform appearance, and are minutely studded with papillæ, which give them the appearance of shagreen when viewed with a lens, each of the articulations has a smooth elevated fillet or band on its upper edge; and in young worms sometimes contract so, that one, at a single joint, would be apt to doubt whether it was a joint or not. On the flattened surface of each of these joints, in the middle, and on one side only, is distinctly perceived a small depression, or round opening, called an osculum or mouth; sometimes there is a second small one perceived, a little behind, thus forming a double row of oscula."

"This worm is generally rather broader and thinner than the *tania solium*. The breadth varies from one-eighth to a quarter of an inch. Rudolphi mentions one even an inch in breadth."

"It rarely exceeds in length from fifteen to twenty feet; although Goeze asserts that he received one sixty ells in length, and Boerhaave makes mention of one voided from a Russian, thirty yards long. The colour is generally a dusky white, not so perfect a white as the *tania solium*; and, after remaining some time in spirits of wine, this colour changes to a gray, hence the name of *tania grisea*, given by Pallas—p. 38."

"*Tania solium*, the common tape worm, is found in the small intestines of all the European nations, with the exception of those in whom the *bothriocephalus*, or broad tape worm, is found. It is also common among the Egyptians."

"This worm is characterised from the preceding by the more irregular structure and form of the joints which compose its length. They vary much in size and shape in different parts of the same worm, and particularly in being longitudinally wrinkled, in place of papillæ, as in the other species. They are generally longer than they are broad, are of an oval, rhomboidal, oblong, or quadrangular shape, and have been often compared in appearance to large cucumbers. The oscula are placed on the margin of the joints—sometimes on one side, sometimes on the other—from whence is seen a communicating canal leading to the ovary, placed in an arborescent form, in the middle of each joint."

"The colour of the *tania solium* is generally of a pale white, but it sometimes varies to a darker hue. The breadth of the worm varies much in the different parts throughout its length; towards the head it is sometimes not more than one-thirtieth part of an inch, but it gradually increases to one-

eighth and one-fourth of an inch; but, from the contraction and extension of its surface, these measurements must be very inaccurate. The thickness also varies very much; sometimes it is very thin and transparent, at other times it is found thick and opaque. The head is in general very small, but sometimes so large as to be distinctly seen without the aid of a microscope."

"This species of worm is very seldom, or indeed never, voided entire, and therefore the accounts of its great length are very erroneous. Nothing can be more so than the method of estimating its length by the number of joints voided; for, as will be mentioned afterwards, this worm has the power of continually throwing off joints, and multiplying or producing others to supply their place."

"*Tania*, of twenty four and thirty feet, are not rare, and this latter may be estimated as the extreme length, for, as they only inhabit the small intestines, which are usually about thirty feet in length, it is impossible that they can find room in these, for the enormous extension which some authors have noticed."

"Reclin, in his works, mentions *tania* from forty to fifty ells in length."

This species of worm is hermaphrodite; and that able philosopher, Sir Tabby Cartwright, remarks:—

"In a *tania*, which I obtained before it was dead, I observed at one part, where it had formed a knot upon itself, that two pairs of these oscula were in contact with each other, and were agglutinated together by a viscid mucus. I was not at that time aware of the possible nature of this connexion, and neglected preserving them in that state; I now suspect, however, that they were in the act of copulation, and that a mutual influence takes place previously to the formation of ova."

Of all writers on the subject, none are so competent to handle the science of propagation as this knight of midwives. Who so proper as a Bar, to dilate on the *loves of the worms*? May we not naturally expect from his pen, a complete history of their utero-gestation, a synopsis of their difficult parturitions, and a recommendation to Parliament, that female worms alone be allowed to deliver the parturient?

Of the worms infesting other parts of the body, the guinea worm, the liver fluke, and the hydatid, are the most important.

"*Fiara Medinensis*, the Guinea Worm."

—The guinea worm was known at a very early period, and the first mention of it is

by Agatharchides, born at Cneidos, four or five hundred years before Christ. Plutarch also describes it very accurately.

"The form of the worm is extremely simple; it is of a white colour, of the size of a violin-string, and of equal thickness at both ends, and throughout its length, except, perhaps, that it tapers slightly towards the tail, which is a little bent; its head has a small trunk, called a beard by the Persians, and which, when examined by a microscope, seems to be furnished with small hairs. Some think they have discovered a head at both ends; while Bremser is of opinion that the inferior end may be furnished with generative organs. Authors are not well agreed about its length. Some affirm that they have seen it from three to ten and twenty feet long. Biacore states, that it is found six ells in length, and Dampier five or six yards; Dubois saw one a yard long, and of the thickness of a violin-string; while Health, on the contrary, among a number of cases which came under his notice, found few of them longer than nine inches, and the very largest forty-two inches.

This worm is only to be found among the inhabitants of the torrid zone; in Arabia, in the Persian Gulf, on the shores of the Caspian Sea, in Egypt, Abyssinia, and in Guinea. Europeans going to these countries are so liable to be affected with it as the natives. It is not found in America, except among the negroes who come from Africa.

"The situation where this worm is found is in the cellular tissues below the integuments, most frequently of the superior and inferior extremities, twisting itself about the malleoli; but it may be found also in all the other parts of the body—as the scrotum, the testicles, and even the external membrane of the eyelids. It is generally placed superficially, and may easily be felt; but sometimes it is deep sunk among the interstices of the different muscles. The place it occupies is generally small, being coiled up circularly; they are often found to the number of twenty and even fifty in the same person. Various opinions have been advanced regarding the formation of this worm. Some have supposed it only a portion of the cellular substance, while the general belief is, that it is an animal endowed with life. Some again regard it as the larva of an insect which has deposited its eggs in the body. Others have confounded it with the *gordius aquaticus*, or water hair-worm, which is found in stagnant water, and suppose that this latter insect, when young, penetrates into the skin during bathing, or is swallowed along with water, either in the young state or as an egg.

"Rudolphi, Bremser, and others, reckon

it an animal *sui generis*, and there is no doubt but it is a distinct species.

"The symptoms attending the existence of this worm in the body are—intolerable itching in the part, with a tumour like a boil, and sometimes, especially when the tumour is about to suppurate, slight fever, nausea, and general disorder of the system. It may, however, be in the body, without giving any of these indications of its existence, for six and even twelve months.

Some writers are of opinion, that as long as the animal is alive, it gives no trouble or uneasiness, and that the suppuration and pain only commence after it is dead.

"Various remedies have been applied for it, such as poultices of onions, of aloes, mercurial frictions, volatile liniment, bleeding, and purging. When the suppuration has commenced, the best mode of promoting it, and alleviating pain, is the frequent applications of emollient poultices and warm fomentations. The tumour generally opens of itself, or it may be opened by the slight puncture of the lancet. The head of the worm then presents itself, which is then to be cautiously laid hold of, and gently pulled, day after day, till it is completely abstracted. No force is to be used, and the greatest care is to be taken not to break the animal, as we are informed, by some writers, that the part remaining under the skin grows with redoubled vigour, and occasions often a fatal inflammation. The best method is to coil it up, as it is gradually pulled out, on a piece of cloth rolled up, a piece of plastic bougie, or small bit of wood, and, to secure it, a small piece of silk is to be tied round its head. The muscles in the vicinity are to be relaxed as much as possible during the process, to favour the extraction of the worm.

"When there is fever, the use of purgatives, rest, and cool air, will be highly advantageous.

"*Distoma Hepaticum, the Liver Fluke.*—

These worms are found in the gall-bladder, and Dr. Bremser supposes also in the human liver. They are found likewise in sheep, horses, oxen, &c. They are in length from one to four lines, and one-half to one line in breadth, shaped somewhat like the point of a lancet, obtuse at their two extremities. The anterior opening is directed obliquely inwards. The neck is rounded, and of a dark-brown colour; the posterior opening at the belly is slightly prominent. A little lower on the body are seen spots of an opaque dingy white, and a packet of tubes, or vessels, of a brownish colour, probably the oviducts, the vessels which run along both sides most likely forming the alimentary tubes. M. Otto thought he observed in these animals a nervous system. Fallopi mentions, that he found these worms situ-

ated in the hepatic duct of a female subject, which he dissected in the anatomical amphitheatre at Berlin.

"*Echinococcus*.—The *Hydatid* is a spherical body, consisting of one and sometimes of two membranes, enclosing a fluid most commonly limpid and transparent, but which sometimes is found of a tough, hard, and opaque consistence. On the inner coat of the membrane are attached a number of small granular bodies, which are called the *echinococci*.

"Rudolphi divides the *hydatids* into *viventes* and *non-viventes*. He denies the vitality of the *Hydatid*, properly so called, and supposes that the small granular bodies, or *echinococci* only, which cover the internal surface of the membrane, are endowed with life. Bremser, on the other hand, is of opinion, that the vesicle is a distinct animal, and that the small granulations on its internal surface are *hydatids* in miniature, which gradually enlarging, and detaching themselves from the parent covering, become, in their turn, independent animals.

"Sir E. Home is also of opinion, that *hydatids* are endowed with life, and that they are the simplest of all animals, being composed entirely of one large stomach.

"*Hydatids* have been found in great numbers in all the textures and cavities of the human body, with the exception of the intestinal canal. Morgagni has found them in the brain and spinal marrow. Sommering discovered several in the pituitary gland; and Morraoh found, in the right ventricle of the brain of a girl, who died with all the symptoms of apoplexy, an *Hydatid* three inches long and two in breadth."

The author gives rather a minute description of the symptoms attending the presence of worms. Pallor of countenance, circumscribed redness of cheeks, dimness of eyes, dilatation of pupils, and a dark halo around the supercilia; tumefaction of nose and upper lip, with continued irritation, headache, throbbing in the ears, foul tongue, increase of saliva, fetid breath; variable appetite, by fits deficient or voracious; constant sense of gnawing at the precordia, nausea and retching, violent gripings, especially at the umbilicus; dejections glairy, and sometimes sanguine; turbid urine, abdomen hard and tense, emaciation; troubled sleep, with grinding of the teeth; indolent habits, irritable temper; blindness, deafness, delirium, and even apoplectic and epileptic fits.

"Sometimes worms in the intestines have been the cause of singular idiosyncrasies

in some individuals. Delisle mentions the case of a young person who passed, during a whole year, spontaneously *ascarides* and morsels of *tenie*; in the course of which time he could not endure to hear music, vocal or instrumental.

"Desarnaux, on the other hand, mentions a young patient who had horrible convulsions, which continued with him till his death;—he was also affected with worms. By accident, during one of his convulsive fits, he heard music, which immediately cured him.

"There have been frequent cases of temporary loss of vision, or *amaurosis*, cured by the evacuation of worms. The following case of death, in all probability caused by worms, is related by Campeдон:—

"A male patient died after suffering a violent colic for 24 hours. On opening the body, the cecum and part of the colon were found filled and completely distended by a mass of *ascarides*. No less than 367 of these worms were found, each six inches in length. The intestines had become inflamed, and had passed into a gangrenous state.

M. Serres relates the case of a child, three years old, who was bit by an angry dog. Six months afterwards, all the symptoms of hydrophobia showed themselves, and she died soon after. An inspection of the body showed that the brain, the spinal marrow, the lungs, and larynx, were in a healthy state; the stomach contained nothing extraordinary, but the small intestines were filled with *ascarides*, which completely obstructed their cavity. The number of these animals was very considerable; and M. Serres was disposed to attribute the death of this child to the worms, and not to hydrophobia.

"Dr. Bremser relates the case of an epileptic patient, whom he completely cured by the use of anthelminticks:—

"In 1816, he saw a young person of nine years of age, who, for two years, had suffered from most violent fits of epilepsy; during this time, he was observed to pass a small piece of *tenia*. Dr. B. fortunately produced the evacuation of the whole animal, and from that time the convulsive fits ceased."

Of the method of cure, we have a succinct and perspicuous account.

"Two principal objects are to be attended to in the treatment of worm-affections,—the destruction and expulsion of the worms, and the correction of that particular state of the general system, and especially the intestinal canal, which has been the cause of their formation.

"A great variety of remedies have been employed for the destruction of worms; and they may be divided into those which act

mechanically—those which have a specific power—and those which act by their purgative effects.

“Those medicines which are given with a view of destroying intestinal worms by their mechanical action, are of very doubtful operation, and in all probability owe the whole of their good effects to the powerful purgatives with which they are always either conjoined or immediately followed. Even the cowhage, (*stizolobium*), a remedy so much recommended by Chamberlaine, and which for a considerable time was in much vogue for the cure of *tenia*, though calculated to act as the most powerful mechanical agent, from the peculiarly sharp, penetrating, and minute apiculi, of which the down of the pods is composed, has never been found effectual, unless purgatives are used at the same time.

“The mechanical medicines which have been most generally used, are zinc, tin-flings, iron-flings, cowhage, charcoal, &c.

“Of the medicines which have a specific effect in causing the death of these worms, there is also a considerable number which may be enumerated. The most simple is cold or iced water, which quickly destroys these animals; but, from the impossibility of its being applied in this state, except in the form of enema, it is of very limited and uncertain use. Valerian is a common anthelmintick; as also onions, garlic, asa-fetida, camphor, artemisia santonica, and most of the bitter class of herbs; *epigelia anthelmintica*, *polypodium flex max*, or the roots of the male fern, prussic acid, the various oils, both animal and vegetable, more especially petroleum, oil of cajeput, oil of turpentine, and empyreumatic oil.

“The purgative medicines which have been employed, are the neutral salts, jalap, cammony, aloes, the preparations of mercury, castor oil, &c.

The various mineral waters, too, are more or less anthelmintick, and are useful not only as a means of expelling the worms, but of improving and strengthening the alimentary canal, and the whole system in general.”

The object which Mr. Rhind appears to have had in view, was that of furnishing a synoptical account of the facts ascertained in this interesting department of medicine. He has performed his task with ability. There are several plates at the end of the work, which are very fairly executed.

PROPOSAL TO ESTABLISH A GARDEN OF MEDICAL BOTANY IN LONDON.

To the Editor of THE LANCET.

SIR,—Many gentlemen, in different departments of the medical profession, resident in the north-west part of the metropolis, are desirous of establishing a garden of medical botany. A subscription is now going forward to carry this object into effect, and it is expected that a subscription of one guinea annually will be, with proper management, sufficient.

When it is considered that medical botany is now made a branch of medical education, and that there is no public collection of medicinal plants near town, the importance of the undertaking must be obvious. The site will be either at Paddington, or St. John's Wood.

Those gentlemen who wish to become subscribers, are respectfully requested to transmit to me their names and addresses.

When a sufficient number of subscribers shall have entered their names, a general meeting will be called, and the plan will be fully detailed. I am, Sir, your obedient servant,

JOSEPH HOULTON.

11, Grove Place, Lisson Grove,  
Aug. 25, 1829.

PROSECUTIONS BY THE RHUBARB HALL COMPANY.

To the Editor of THE LANCET.

SIR,—I claim your indulgence whilst I notice an advertisement of the Apothecaries' Company, requesting information to enable them to carry on their prosecutions. From this document it would appear, that the members of the court are anxious to punish all offenders against the act; but of this I am somewhat sceptical. I wish to ask them, why they have not acted upon an information transmitted to them about six months since, from this place, accompanied, as it was, by the most conclusive evidence of the guilt of the parties concerned, independent of a confession made in the presence of two respectable witnesses, who are now ready to come forward and prove the same.

Should this hint not be regarded, I will take an early opportunity of laying before you the case alluded to; it will prove, if any thing can do so, the utter disregard manifested to the interests of the profession, by those who are appointed its guardians, and who ought to extend to it their support. I am, Sir, your obedient servant,

CHIRURGUS.

Blackburn, August 24th.

## THE LANCET.

*London, Saturday, September 5, 1829.*

ANOMALOUS as are the constitutions of our hospitals, there is no feature in them more remarkable, than the disproportion which exists between the quantity of labour to be executed, and the number of the medical officers appointed for its performance. In some of these establishments, buildings containing *five hundred beds*, there are but three surgeons, and as many physicians, to go through the complicated details which such a mass of business presents. It frequently happens, therefore, that one of these ill-fated labourers has to examine and prescribe for some fifty or a hundred patients, in a visit which is compressed into that important period of the day, from "half-past twelve to half-past one;" and oftentimes does it happen, that the delivery of lectures, and the duties of an extensive private practice, make a heavy addition to the multifarious avocations of these "unpaid" and "over-worked" ministers of charity. To suppose that failure in the discharge of some one or other of these duties, must not be the occasional result of such a multiplicity of labour, would be to pay the industry and talents of the greater part of the present race of hospital medical officers, a compliment which we too well know they do not deserve.

But let us take a case or two in point. In Guy's Hospital, for instance, there are but three surgeons to dispose of the vast quantity of business which its numerous patients create. It would require at least three times the number to discharge this business efficiently, and in the same time as is now allotted to it. Observe, too, the distance at which these surgeons reside from the institution. One of them in Old Broad Street, another in Bishopsgate Street, and the third in Spring Gardens, a distance of more

than two miles! In St. Thomas's Hospital we find another melancholy specimen of the division of labour and hospital arrangements generally. The patients of five hundred beds are attended to by *three* surgeons, who reside at still greater distances from the establishment, than the medical officers of Guy's; for we find one of them in Bridge Street, Blackfriars, another in Lincoln's Inn Fields, and the third—in *Bruton Street, Berkeley Square*! And in the absence of these gentlemen—we deplore the fact—there is no *resident surgeon* to attend to any case of emergency that may be taken into the hospital. Every person who has been accustomed to attend these ill-managed charities, must have perceived that their inmates are by no means unfrequently neglected, and that the pupils are often disappointed, and always inconvenienced, by the *crowd* of patients, which, in consequence of the rarity of his visits, and the paucity of his colleagues, attends the perambulation of the surgeon. One day these gentlemen cannot come at the regular hour, and another day they cannot come at all; for their "*gratuitous* duties" are really too profitable to permit them to discharge those duties, on all occasions, with the necessary punctuality.

This deplorable and untoward train of consequences is attributable to two causes. Partly to a want of forethought in the founders of these charities, and partly to a peculiar kind of sagacity and virtue in the medical and surgical officers themselves. The former, probably, imagined, that the number of officers whom they originally appointed to perform the labours of these establishments, was quite sufficient for the purpose, and it might doubtless have been so during their infancy, when the quantity of duty, and the inducements to neglect it, were less than they are now. We are the more inclined to entertain this view of the origin of the evil, inasmuch as we perceive that in hospitals of recent foundation, there

has been a more plentiful allotment of medical officers. We witness the effects of this spirit of reformation with delight. Precisely in the same manner in which these laudable examples have been made in newer institutions, would we wish to see the martyrs of "gratuitous labour" in our old hospitals, relieved from some portion of their ill-requited toils. Their interest, we assure them, we have too much at heart, to see them thus overwhelmed, and complaining of the multitude of their avocations, without using every exertion in our power to obtain their immediate relief. The innovation would, undoubtedly, be much to the advantage both of their minds and bodies; and as to paltry considerations of a mercenary nature, we are convinced that they would not bestow a thought on them, nor regret for a moment a diminution of recompense when their labour was lessened, and society more efficiently served. But is it not the boast of these gentlemen, that their labours are "gratuitously" performed; and what labourer ever yet deplored the diminution of a task, for the performance of which he was to obtain no recompense?

The delusion, however, which has been so long practised on the public, is well nigh dispelled, and it is now pretty generally known, that these "gratuitous labourers" glean a rich harvest, with the sacrifice of a very little toil; and long, we fear, will they enjoy their ill-gotten wealth, unless the governors of the institutions in which it has been gathered, are urged to a more efficient discharge of their duties, by some legislative enactment. It is surely a gross abuse, an outrageous violation of the intentions of their founders, that there are not surgeons of first rate skill resident within the walls of St. Thomas's and Guy's Hospitals. Are the funds of these institutions inadequate to their support? Has not each of these hospitals a revenue amounting to nearly forty thousand pounds annually? Could not the governors afford to give a surgeon fifteen

hundred or two thousand a year, and apartments to lodge in? Is it not scandalous that in cases of severe injury, requiring immediate operations, a helpless sufferer must welter in his blood, while a messenger is proceeding to, and a surgeon is coming from, *Druton Street, Berkeley Square*, a distance of nearly four miles? Supposing an arrangement of this kind made, there might, in addition to the resident surgeon, be six or eight consulting surgeons appointed, to each of whom a reasonable fee should be paid from the funds of the hospital, on every occasion on which his advice was obtained. This would be true charity; and with such an arrangement, neither patients nor pupils would incur any risk of being neglected. There are resident treasurers, resident stewards, resident apothecaries, resident cuppers, and resident brewers, and, in the name of common sense and humanity, **WHY ARE THERE NOT RESIDENT SURGEONS?** A resident apothecary, and *not* a resident surgeon! Are medicines more active than the knife, or a dose of rhubarb a more rapid agent than the scalpel or the trephine?

The public has a right to insist upon the appointment of these officers, for the omission leads to a shameless appropriation of the public funds.

### ST. THOMAS'S HOSPITAL.

#### CASE OF STRANGULATED FEMORAL HERNIA, AND OPERATION.

ANNE LONGTON, aged 56, of spare habit, was brought into Mary's Ward, on Tuesday, August 11th, about noon, with a swelling in the right groin, and labouring under symptoms of strangulated hernia. She did not vomit, however, after her admission, but stated that she had done so before. The intestine came down about twenty-one hours previous to her applying at the hospital, and the symptoms indicative of strangulation came on late in the evening of the same day. She was, at the time, confined to her bed, under treatment for inflammation of the bowels. The patient was immediately conveyed to the warm bath, where the taxis

was applied by the dresser for a considerable time, without in any degree diminishing the size of the tumour. She was then visited by Mr. Green, who ordered her to be bled whilst in the bath; this produced sickness but not fainting. Having then applied the taxis himself without the desired effect, the patient was taken to bed. Mr. Green again visited her shortly after, when he stated, that nothing more could be done for her relief, short of an operation. To this the patient readily consented, and she was removed to the theatre at a little before two o'clock.

### *Operation.*

The patient being laid on the table, the operator standing on her right side, commenced his first incision on the upper and outer part of the tumour, extending it obliquely downwards and inwards to the lower part of the swelling; a second incision was then made, beginning about the middle of the first, on its inner side, and directing it obliquely upwards and inwards to about two inches, with a view of crossing (as we imagine) the situation where the division of the stricture was to be accomplished. There was some little impediment to the division of the integument at this part of the operation, in consequence of an old cicatrix, i. e. remains of a former operation.\* The flaps were then dissected back, and the cellular coverings carefully dissected through. On arriving at the sac, it was pinched up at the lower part, and an opening made into it. A director was then introduced in a line with the first incision, and the stricture, to its whole extent, with a probe-pointed bistoury, and in a similar manner the sac was divided in the course of the second incision. A round knuckle of intestine was now exposed, about as large as a moderate-sized hen's egg, and of a darkish colour. The operator then introduced the fore-finger of his left hand to the inner side of the intestine, and having felt the seat of the stricture, (which he afterwards stated he thought to be Gimbernat's ligament) the probe-pointed bistoury was introduced, the finger acting as a director, and the stricture divided obliquely upwards and inwards, with two or three motions of the knife, slightly depressing its handle; these were then withdrawn, and by gentle manipulation, the protruded gut easily returned. There was some serious effusion in the sac, and after the

return of the intestine, a watery fluid was observed to ooze, through the crural ring, from the abdomen, (on which account, Mr. Green afterwards decided on putting her immediately under the influence of mercury.) The operation being completed, the edges of the wound were brought together, and kept in approximation by sutures, and the whole dressed with strips of adhesive plaster over a large compress of lint. The patient's bowels were moved immediately after the operation, and before her removal from the table. She was then conveyed to her bed, and ordered to take three grains of calomel, and half a grain of opium every six hours, and to have forty leeches applied to the abdomen, and after them a large cataplasma.

12. Slept a little during the night; little tenderness on pressure over the abdomen, and but slight pain in the wound. Hiccups seven or eight times at about five o'clock last evening; bowels relieved once this morning. Pulse 78, rather full, but compressible; tongue coated white. Has taken a little gruel. Twenty leeches to be applied to the abdomen.

13. Pulse 84, full, and more strong; bowels not open since last report; tongue coated white. No pain in abdomen, but a little tenderness on pressure, and slight pain in the wound. Hiccups twice during the night, and she did not sleep so well as on the preceding night; mouth sore from mercury. Ordered beef tea, and a common enema to be injected.

14. Mouth very sore, with continual flow of saliva, on account of which the calomel has been omitted since the evening of the 13th, at which time she had taken about thirty grains. Pulse 76, natural. Bowels have been relieved thrice. No pain in the wound, neither is there any pain or tenderness on pressure over the abdomen. Ordered arrow root, and to use a gargle of chloride of soda.

15. Bowels open; soreness of mouth, and discharge of saliva continue; tongue turred; feels an inclination for food, but cannot take much, on account of the soreness and swelling of the mouth.

16. Bowels not open since yesterday; still tolerably free from pain; pulse 80. Ordered macaroni, and to take half an ounce of castor oil, as occasion may require, in peppermint water.

17. Pulse 84, stronger, and more full; in other respects doing well. On account of the increase of pulse, the beef tea which she had been taking conjointly with the other diet, was ordered to be omitted, and gruel substituted in its place, with two eggs daily: mouth not quite so sore.

18. Pulse gradually lessened in force and frequency, after the omission of the

\* The patient stated, that she was brought into this hospital with a rupture about fifteen years ago, when it was reduced by Mr. Traversa; and between ten and eleven years since, she was here under the care of Mr. Cline, when the reduction could not be effected, and the operation was performed.

beef tea, and the administration of a dose of castor oil, is now about 68, and soft, mouth much less sore, and pyalism suppressed, tongue whitish, appetite good. The dressing was removed from the wound on the 21st, at one part was just healed by first intention, and the remaining portion covered by a firmly crusted coagulum, which it was considered advisable not to remove, at one joint, however, the coagulum was softer. The wound was again dressed with lint and adhesive plaster, which has not since been removed. On the 25th, was ordered meat, in addition to the other food, the eggs have been given in the shape of custard. The beef tea has been resumed, which, on being boiled with the macaroni, and concentrated to the consistence of a thin jelly, makes a very agreeable and nutritious article of food. The bowels have been kept regularly open, appetite very good, and is in every respect doing well.

Great praise is due to the sister of the ward, for her general attention to the wishes of the physicians and surgeons, and particularly for her constant watchfulness of this case, which, from its nature at the commencement, required incessant attention.

RUPTURE OF THE LIVER, AND OF THE EXTERNAL ILLIAC VESSEL, WITH LACERATED WOUND OF THE THIGH.

Thomas Whit, a stout muscular man, rather below the middle stature, was admitted into Jacob's Ward, between four and five o'clock, on the afternoon of Wednesday, August the 14th, with a deep lacerated wound of the left thigh. It was stated by the friends of the patient, that he had accidentally fallen from a scaffold, in Fadenhill Street, in which he was standing at the time, in the act of painting a sky light, and in falling he had come in contact with one of the hooks in front of a butcher's stall, which penetrated the back part of his thigh, and wounded him in nearly two minutes, when the hook broke and he fell to the ground, the distance from whence he fell to the hook was said to be ten feet, and from thence to the ground six or seven more. At the time of his admission he was exceedingly pale, and the pulse at the wrist was scarcely perceptible, he appeared, however perfectly sensible and aware of his approaching dissolution, intimating his conviction, that he should not long survive the accident. Having immediately been placed in bed, some brandy and rum (about half an ounce of each) were administered to him, which he appeared to have some difficulty in swallowing. He did not complain of any thing further than a pain across the epigastric region. He had not been long in bed when he became restless, turned several times

from side to side, and almost instantly expired.

*Autopsy twenty hours after death.*

The abdomen being first examined, there was found contained in its cavity a large quantity (probably about two quarts) of dark-coloured blood, in a fluid state, this being removed, on tracing the different large veins, the right external iliac was found nearly torn through, about its middle. There was a longitudinal rupture of the liver, situated on the right lobe, and extending in a line from the right extremity of the sulcus transversus to the margo obtusus, and on examining the thorax, all the cavities of the heart were found to be quite empty. It may be proper to observe, that there was no external mark of injury perceptible on the abdomen. On the thigh was a lacerated wound of the integuments, about four inches long, situated at the upper and posterior part below, and extending to the inner side of the great trochanter. On continuing the examination, it was found that the hook, having entered at this part, had passed to the inner side of the great sciatic nerve, pierced the adductor magnus muscle, and on to the fore part of the thigh to the inner side of the femoral vessels, not having penetrated the integument at the fore-part.

We have since visited the place, and find, from eye witnesses of the accident, that the statement of the persons, who brought him to the hospital, was not perfectly correct. He was standing on a ladder, and leaning forward to reach his pot when the ladder turned over, and precipitated him on one of the hooks, (which are full a foot in length,) on which he remained suspended a considerable time, the bystanders being so shocked that they were incapable, at first, of rendering him any assistance, but in one or two minutes he was lifted off, (the hook not having broken, as asserted by the friends,) and immediately taken to the hospital. The distance from the beam to the window measures about six feet, so that the poor fellow could not have been standing more than two feet above the hook.

GLY'S HOSPITAL.

ASPHYXIA.

JOHN PRICE, fourteen years of age, admitted Aug. 24 under the junior surgeon. A few days ago, this boy was amusing himself, with two companions, near the Surrey Canal, and the party having become wet, they went to a brick-kiln near, to dry their clothes. After being there a short time,

they became drowsy and insensible. When discovered, two of the boys were lying on their faces dead, and this youth was in a state of apoplexy. He was taken to a surgeon, who bled him. He was not brought to the hospital till the following day, when he was perfectly sensible, but in a state of great weakness; pulse feeble. A mustard plaster was ordered to be applied to the scrobiculus cordis, and to the soles of the feet. Camphor and ammonia julep to be taken every three or four hours.

25. To-day he is much improved, but the pulse is still very weak; ordered aperient medicine.

26. Gradually recovering.

## ROYAL INFIRMARY, 1844.

### FATAL CASE OF INGUINAL HERNIA.

THE history of this case, if it could be procured, would be found very interesting. Dr. Campbell, in his clinical remarks on the case, declared it incomprehensible to him; and such it was to most others. Some hours after the operation, the intestine, which protruded into the inguinal canal, was opened by the surgeon, and injections thrown in, upwards and downwards, to overcome the supposed obstruction. Shortly after this novel and ingenious treatment, the man expired in great agony. Some foolish people have hinted, that the intestine was really not strangulated.

### OPERATION OF CASTRATION.

"John Angus, æt. 34, admitted July 26th. Aug. 6. States, that twelve months ago, a swelling began to form at the lower part of the side of the scrotum, which increased in size, and was punctured, when a little water and a great quantity of blood were evacuated. Has lately been increasing in size; its surface is uniform, and has a tense, elastic feel, and very indistinct sense of fluctuation, except at the upper part, where it is more distinct. The chord appears healthy: slight pain in back; veins of scrotum somewhat enlarged; no pain in making water; health good.

"8. Testicle was extirpated; a trocar was previously inserted, but only a few drops of dark-coloured fluid escaped."

The books of the hospital contain no further information of this case. We take the liberty, however, of adding the following particulars, which, after all, are, perhaps, really of little importance, the cure being narrated so clearly by the reporter or clerk. He has merely omitted mentioning, that the man died on the 14th. Leeches had been applied to the abdomen, so that probably there

had existed symptoms of peritoneal inflammation. Sponges were employed to check the hæmorrhage from the spermatic artery, which the assistant allowed to escape through his fingers during the operation; an accident which has happened in this hospital in the oldest time. The body was not examined after death. We understand that Mr. Liston has a decided objection to *post-mortem* examinations in such cases.

It would not be quite the thing, however, thus to record these *successful* cases, did we not, at the same time, and on the same page, register the fact of Mr. Liston's eminent success in a different kind of way, viz. that of having effected an entire revolution in this very ancient and curiously managed

; so that, at last, we trust there will be an end to those little squabbles and heart-burnings, which formerly seemed monthly to raise and keep up the spirits of all parties, and, in the lack of employment, and in the absence of other duties, afforded exercise for mind and body. On the contrary, the house has now become remarkably quiet and sombre; the crowd of idle practitioners in physic and surgery, who were wont to frequent the wards, have fled the place, as if the plague were here. The patients (or sufferers) are treated with great mildness and humanity, the infliction of a few blows to render them docile, obedient, and quiet during painful operations, being intended and calculated for their benefit; whereas formerly, they used to be forcibly held by the assistants. The respect shown the student, and the attention bestowed on his instruction, have attained the utmost perfection by means of clinical observations, display of the diseased structures removed in operations, post-mortem examinations fully explained, admirably narrated cases, &c. (see higher up.) So that, upon the whole, considering the very small sum paid annually to the funds of the house by the students of surgery and physic, amounting only to two thousand guineas, we consider them, the students, to be exceedingly well off; and this, too, notwithstanding all that is said to the contrary, and notwithstanding their continual complaints of neglect, disrespect, &c. This revolution in the affairs of the house, extends even to the nurses, who are now well treated, and spoken to in language which we should not be likely to hear in Billingsgate. If we had but a list of the killed, wounded, and deserted to the enemy, (run to the New Surgical Hospital,) we should deem the affairs of the Royal Infirmary of Edinburgh, both as to the managing and managed departments as perfect.

## WESTMINSTER HOSPITAL.

## CASE OF GENERAL PARALYSIS—INCONTINENCE OF URINE—DEATH.

AUGUSTINE D'ASSIS, 35 years of age, came into John's Ward, under the care of Dr. John Bright, 12th July, with general paralysis. He appeared to possess the perfect use of his senses. The expression of face is fatuous; the eyes suffused, conjunctivæ rather injected, iris dilated, and a red tinge of the parts around the orbit, indicates some cerebral congestion; he immediately apprehends the meaning of any question addressed to him. The muscular energy is manifestly impaired throughout the body; The tongue and lips are moved with difficulty, and a consequent indistinctness of articulation exists. For the previous five months, his urine has come away involuntarily. It appears the detrusor is paralysed, and the bladder becoming filled, the sphincter is provoked to relax, and the urine dribbles *sua sponte* through the urethra. The tongue is stiff, and the bowels are feeble.

The patient was formerly a soldier in the King's German Legion, and had received, in Spain, a sabre wound on the right side of the head. The general debility, which is now extant, began to be felt about two years ago, and has gradually proceeded to the present time. A catheter is introduced, and three pints of turbid ammoniacal urine are drawn off. To be cupped on the nape of the neck to twelve ounces. Low diet.

13. The cupping has not produced any appreciable effect. The urine is drawn off each night and morning. Take of

*Wine of meadow saffron root*, 20 minims;

*Epsom salts*, a drachm;

Mix in water, to be swallowed three times daily. A blister to the sacrum.

15. The blister has drawn well, but there is no relief of symptoms; bowels sluggish. Ten grains of compound cambruge pill every night.

20. Twelve p.m. The cerebral congestion much enhanced; great action of the arteries; pupils dilated; laborious and slightly stertorous breathing. The temporal artery opened, and twenty-four ounces of blood abstracted. This was attended with signal relief.

21. The patient was so much reduced from the abstraction of blood, that it was necessary to administer a light cordial this morning early. Nine a.m. The features much more natural and intelligent than they have appeared since admission. The bladder has recovered its tone, and he has been enabled to eject his urine this forenoon.

26. The amelioration continued for three days; the bladder again lost its function, and the muscular power has decreased.

30. The poor man continues much in the same state as on admission. The wound of the temporal artery has not healed, and a small pulsatile tumour has formed; it is a small aneurism; it is opened, and the arterial extremities are tied. The meadow saffron is discontinued, and the aperient pills only exhibited.

Aug. 7. His strength is gradually diminishing; the peculiar tearful expression of feature is remarkable; power of articulation entirely lost. The catheter is introduced twice daily. Continued after this daily to decline, and on the morning of the 19th expired.

*Scrvio cadaveris, ten hours after death.*

The pectoral and abdominal viscera perfectly healthy, the bladder flaccid, and about a third full of inoffensive urine; a considerable quantity of tenacious mucus adhered to its sides. In the cranium, the pia mater was much injected, as was indeed the entire cerebral mass. The carotid and vertebral arteries were perfectly natural, but the basilar had swelled out into a circumscribed true aneurism, affecting the whole length, from the junction of the two vertebral, to the bifurcation of the posterior cerebral arteries. It was filled with coagulum, which formed a ball as large as a chestnut, and compressing the pons varolii.

## ST. BARTHOLOMEW'S HOSPITAL.

## MESMERISM.

TOWARDS the close of May last, a non-professional gentleman, of the name of Chenevix, visited this hospital, with the "intention," as was generally supposed, of making trial upon some of the patients, of the exploded therapeutic agent *animal magnetism*. The experiments, however, were not performed in public; and although an excuse was given, that the presence of more than a few persons tended to subvert their influence, dissatisfaction was felt, and the performance pronounced to be "hole-and-corner" practice. The results, however, we now make public in this Journal, Mr. Chenevix having all the benefit he can derive from his own report of what took place. There is, however, so much unrelated, so much involved in obscurity, and the style is so equivocal and ill-digested, that the particulars are as unintelligible as they well can be. The subject needs but little introduction, some remarks on the art of mesmerising will be found at page 341 of the

present volume, which will put uninitiated readers into possession of all that is necessary towards prefacing this newly-revived hobby of foreign visionaries. Let us observe, however, that specious as may be the "facts" adduced in support of this magnetic influence and the power of an operator over it, upon *the brute animal alone* is it that a single experiment can be made, which will weigh for one moment in its favour in the mind of any sensible man.

Mr. Earle, (says Mr. Chenevix in his report, to which we venture to add a few running comments,) was kind enough to allow me to accompany him to this hospital, May 23rd. The first patient submitted to trial, (of what kind?) was an epileptic young man, who at that moment was taking large doses of nitrate of silver. His fits were very bad and frequent. Though to all appearance, (what appearance?) this was a person likely to be affected by mesmerism, he manifested little susceptibility; so slight is yet the confidence to be placed in any prognostic relating to this unfathomed subject (the sentences being far more unfathomable than the subject). Being pressed for time, I continued to operate (in what way?) upon this man only eight minutes.

The next patient was a woman afflicted with disease in her bladder. During the first five minutes no effect was manifested. She then said that she felt a *fluttering in her inside*. I observed to Mr. Earle, in a language (gibberish, probably) which this woman certainly did not comprehend, "This is a mesmeric effect." Mr. Earle smiled doubtfully. "To convince you," continued I, in the same language, "I will now take this effect away." (Take it away!) By altering my intention, (viz. by thinking of gig-er-a-mee instead of gig-or-a-mo,) and demesmerizing the patient, without letting her perceive any alteration, (alteration in the gig-er-a-mo tone of my thoughts,) I did calm those feelings. Still Mr. Earle (obtuse man) doubted. "I will now," said I, "give her those sensations back again." After two minutes' mesmerizing, they returned. "I will now take them away again." I did so, and by the same means. (Of what consisting?) Still, however, though Mr. Earle and a student of the hospital, who was present, acknowledged that the results most accurately corresponded with the intentions which I had announced, conviction made but little progress, so extraordinary did the facts appear (usually, a pretty certain means of establishing conviction); and had not good fortune thrown another patient in my way, on whom the effects were still more palpable, my labour at St. Bartholomew's would have been in vain.

This patient was a woman afflicted with

iritis, for which she had been largely bled; and she was, moreover, recovering from a severe mercurial course. In less than two minutes' mesmerizing, her head fell back, her eyes closed, and a kind of hysterical trance came on. In three minutes she awoke, (why so soon?) said she felt hot, then cold, and a shivering ensued, particularly in her knees and thighs. This I stopped in about one minute, by continuing 'the mesmeric action in this intention, (continuing an action in an intention!) as I had announced to Mr. Earle in a foreign language. I tried the experiment of the piece of paper on her arm, but she felt it very slightly (Mr. Chenevix's "intention" was, that the paper should feel heavy). Touched her with the silver pencil-case, my intention being (as in the cases described in a former article) to give her a sensation of heat; she said she felt as if all the warmth of her hand had gone to that spot. I then demesmerised her, as she complained of much uneasiness; and having made her stand up, I drew my hands down before her from the head to the very soles of her feet, at the distance of three or four inches, for about one minute and a half, with the intention of destroying the preceding effects. She then said that she felt better, and left the room much recovered. (How recovered? Recovered from the iritis or the mercurial course?) She declared that, in her life, she never had experienced any thing like what she had just felt, (the fluttering in her belly:) that she never had an attack of hysteria, epilepsy, or any nervous paroxysm. This woman showed considerable susceptibility; and, had time permitted me to continue the treatment, I have no doubt that she would have become a remarkable subject. Mr. Earle assured me that he had witnessed sufficient effects to encourage him to continue the experiments on both these women, (see his note,) and recommended them, for that purpose, ("him to continue.") to two of his pupils who were present, and to whom I gave all the instructions in my power, pointing out to them the works (spirit of Abernethy!) in which the amplest details upon the modes of operating, together with the dangers and advantages of each, are given. These two gentlemen, also, (see Mr. Earle's note,) were fully convinced that extraordinary effects had been produced.

These three patients were entirely selected by Mr. Earle, without my influencing his choice in any manner. I had never seen one of them before, and now only in the presence of incredulous witnesses, eager for truth, who granted nothing that was not proved, (little indeed they granted,) and who were very fairly watchful to detect illusion or deception; and all can testify that no act or word of mine could, in the remotest

degree, have conduced to intimate to those patients what my intentions were. They came into the room with their minds unsophisticated, unprepared for any result, for any impression; yet, as Mr. Earle saw, at the very first pass of my hand, the last patient began to manifest some of the symptoms so often described in every German and French work on the subject, as among those which mesmerism produces, and in less than three minutes was violently affected. I must add that, at the time of operating, I was ignorant of the disorders, (the best thing in the report; what then was the object of the operator's "intentions?") under which the two female patients were labouring.—On the following day the operation was repeated on the third patient by one of the pupils; and, in about seven minutes, still more violent convulsive effects were produced, and which lasted longer than on the preceding day. From their violence and duration, indeed, Mr. Earle would not permit the experiments on this patient to be carried to a greater extent. (Now follows a document very important to the question at issue.)

When this statement was submitted to Mr. Earle, he returned the following answer:—

"George Street, May 28th.

"My dear Sir,—In reply to your request that I would state my honest opinion of the trials which you made at St. Bartholomew's Hospital, I have no hesitation in saying that, in the first case, *no effect was produced*; that, in the second, the patient was *under considerable alarm*, in expectation that she was about to have her bladder examined, and that she said that she felt a fluttering in her inside, which abated for a time, and was reproduced, as you represent, on your repeating the motions of your hands. In the third case, a *very decided effect* was produced; and it was reproduced the following day by my pupil. (But mark.) In making this acknowledgment, however, I am by no means prepared to say that the effects were *any thing more* than the influence produced upon the mind of an enfeebled patient by the *mysterious movement*\* of your arms, and her ignorance of the object of these movements. The circumstance of her erroneous sensations I have frequently observed after syncope.

"You will perceive, from these observations, that *I am not an unbeliever*, but I

\* This is the only expression that I have ever fallen, in print, either from Mr. Chevreux or any of his spectators, which conveys a fair notion of what he is about when "operating." We have alleged elsewhere, that he is afraid of the broad daylight of plain printed words.

am quite open to conviction, and will certainly repeat the experiments under less doubtful circumstances. Should more ample experience induce me *to alter my opinion*, you may depend upon hearing from me. Believe me, my dear Sir, very truly yours,

"HENRY EARLE."

(Three months of silence, on Mr. Earle's part, have now elapsed.)

## MIDDLESEX HOSPITAL.

### TRAUMATIC TETANUS, SUCCESSFULLY TREATED.

JOHN KELLY, *ætat.* 14, was admitted into this hospital, under the care of Mr. Mayo, on the 1st of July, having fallen from a scaffolding, by which accident the radius of the right arm was broken, near the wrist, and the integuments of the right knee were lacerated, and torn back. Nothing unfavourable occurred till more than a fortnight had elapsed, at which time the wound of the integuments was almost healed; but, on the 17th, towards evening, the lad complained of stiffness of the jaws and of the back of the neck, of which he now said he had felt something the preceding day. The house-surgeon directed the application of a blister to the back of the neck, and a purgative enema.

On the 18th, at twelve o'clock, Mr. Mayo saw the patient. At that time the jaw did not admit of being depressed above one-third of an inch; the back of the neck, the back, and abdomen were rigid, and the permanent spasm was occasionally heightened by a brief and more violent action of the muscles, the countenance was anxious and alarmed, and bathed in perspiration; the tongue turned, but moist; pulse 150; bowels confined. Sixteen leeches were applied to the back of the neck, and six grains of calomel administered, and shortly afterwards two drops of oil of croton.

Four o'clock.—The bowels have acted twice, and copiously. It was now Mr. Mayo's intention to try the carbonate of iron; accordingly, a drachm of this medicine was given to the lad, but, as he swallowed with great difficulty, even this quantity of the remedy was some time in being got down; and, although half a drachm of ipecacuanum was given with it, the dose was speedily returned by vomiting. Under these circumstances, the medicine was directed to be changed. At seven o'clock the patient took ten grains of calomel, and the same dose at eleven o'clock, with a drachm of ipecacuanum. At this time the tongue had become dry, but the pulse had fallen in frequency, and the lad appeared to swallow

more easily. Poultices, containing Goulard's lotion and laudanum, were applied to the unclosed, but not unhealthy, wound on the knee, and to the blistered surface at the back of the neck.

19. The lad slept occasionally during the night; there was no essential alteration in his appearance. At noon he took five grains of calomel, and two of tartarised antimony, which were repeated every two hours; but in the evening he became sick, and vomited, and the calomel alone was continued.

20. His appearance this morning was changed for the worse; the jaws were closer, and the muscles more rigid. He was taken into the bath-room, and three pails of cold water were thrown over him. His pulse sunk temporarily to sixty, and was irregular. He experienced some slight but temporary relief; he was, he said, "fresher and better," and had no objection to the repetition of the cold affusion. At three it was repeated, but without benefit. At night he took a grain of opium and a grain of acetate of lead, which dose was repeated once the following morning.

21. He has again had some sleep during the night, but the general spasm of the muscles of the jaws, neck, and trunk remains. The extensor muscles have the advantage, and keep his body in a position approaching to opisthotonos.

R *Hydr. submur.* gr. iij.

*Antim. tart.* gr. j.

*Pulv. opii.* gr. ss.

every three hours.

22. He is distinctly better; the mouth admits of being opened wider; at the same time he is largely purged, and the breath has the mercurial taint; the gums are tender, the cheeks sore.

From this time the lad recovered rapidly, the mercury being discontinued, and his strength gradually restored by nourishment cautiously given.

There were two circumstances worthy of observation during his recovery; the spasm of the muscles did not disappear at once, but was each day sensibly less than on the preceding. On the third of August, it was the boy's impression that he had completely got rid of the stiffness about his neck and jaws. The other circumstance was the following:—One evening, about the 27th, while there was great rigidity of the body yet remaining, Mr. Mayo, on visiting his patient, found him asleep, and remarked that he lay perfectly relaxed; the abdominal muscles were soft and yielding, and had not the least tension. The boy was awakened, and at the instant the full tension of the muscles returned. Not being further disturbed, he fell asleep in a few minutes, when

the muscles again became relaxed, and again, on his being awakened, resumed the state of spasm.—*Med. Journ.*

#### LACERATION OF THE PERINEUM AND SPHINCTER ANI.

Charlotte Kendall, *etat.* twenty-five, was admitted into the Middlesex Hospital, under the care of Mr. Mayo, about the middle of May. She had been confined, for the first time, on the 19th of the preceding October. The labour was not severe, but two days afterwards she observed that the faces passed away involuntarily. This distressing circumstance continued; and, at her admission, she mentioned that the period of twenty-four hours, at which it habitually occurred, was very regular: from five in the morning till eleven in the forenoon, the bowel used, at intervals, to discharge its contents, and not during the rest of the day or the night. On examining the parts, the perineum appeared to have been extensively lacerated, and the sphincter entirely torn through into the vagina. The operation of paring the edges of the laceration, and sewing them together with four stitches, was then performed. On the third day some opening medicine was administered, when the ligatures gave way, and the fissure became as before. On the 17th of June, Mr. Mayo repeated the operation. For the nine subsequent days the patient was kept perfectly quiet, with very little nourishment, and without medicine. For this period there was no uneasiness, and no action of the bowels. Motions were then obtained by means of castor oil and an enema, when it seemed, at first, to the patient that nothing had been gained by the operation. In a day or two, however, she found that she certainly had acquired some control over the action of the bowels. Then an attack of diarrhoea ensued, and every thing again came away uncontrollably; but, on her recovery from this attack, it became evident that a real and important improvement in the state of the parts had taken place. It now appeared to her that the sphincter had been restored, and, on examining the parts, it was found that almost the whole of the fissure had united. After the experience of four or five weeks, she ascertained that, as long as the motions were not relaxed, she had perfect and entire control over the bowel; when the motions are loose, on the contrary, they still come away involuntarily.

The patient was recommended to be contented with the advantage that had been gained, and not to risk its loss by a repetition of the operation.—*Med. Journ.*

## GENERAL HOSPITAL, PENANG.

DEATH BY HEMORRHAGE FROM A WOUND  
OF THE SPLEEN, AND PERITONEAL IN-  
JURY.

[The following case has been drawn up by Dr. CONWELL, the officiating surgeon at Malacca, as a model of such reports of cases in which *post mortem* examinations are made, as are required of the medical officers in the East India Company's service at Penang and its dependencies. The officers of this government are bound to write a faithful history of every case which they attend, whether in private or public practice, which afterwards becomes public property, and is required by the government with the professed object of improving medical knowledge. The present report is exceedingly comprehensive, and may afford professional men an useful text, or guide, in recording such dissections as they may be anxious to preserve at ample length. It has evidently been drawn up with much care.]

A man, apparently about 22 years of age, and recently employed as a ship-labourer, was brought into the General Hospital about half-past one o'clock A.M., on the morning of the 16th January, said to have fallen down a well with a bottle in his hand, at 11 o'clock P.M. on the 15th, from which he received two transverse wounds in the left hypochondriac region, about an inch below the ribs, the largest about three inches and a half in length, the lips of the smaller half an inch apart, an inch in length, and nearly in a line with the former. Through the largest, a great portion of the small intestines protruded, and at the time of his admission into the hospital, they were in a state of high inflammation, and covered with sand. They were cleaned and returned into the abdominal cavity. The wound was brought together by sutures and superficially dressed. He appeared to have lost a considerable quantity of blood. His pulse was 140, very small and hard. Tongue not observed; skin cold and moist.—*Treatment.* He answered questions with difficulty, but rationally; he complained much of abdominal pain. Venesection was performed, and 32 ounces of blood drawn from the arm. Warm fomentations were applied over the abdomen. He lingered until ten minutes before five, and then he expired. The foregoing particulars were reported to me by assistant-surgeon Ward, M.D., and I proceeded with his assistance to examine the body.—*Inspection.* Half-past one P.M., 16th Jan., 1826. The body was extended horizontally for examination; the subject is of a middle size, black, very

muscular, has cafre features, and apparently was in the recent enjoyment of perfect health. With the exception of the two wounds already described, no marks of external injury are apparent; the tongue was not (but should have been) removed, and minutely inspected.

## AUTOPSY.

*Thoracic Cavity.*—Removing the aternal arch, the lungs present a healthy colour, but are not perfectly collapsed; both afford crepitus. The pleura is generally pale, and there are very slight adhesions on both sides of the lower pleuro-pulmonary surfaces to the diaphragm.—*Heart.* The pericardium, laid open, contained about an ounce of fluid; the heart removed, and the right and left ventricles laid open: both ventricles and auricles are empty. The internal appearance of the heart is natural, its muscular tissue bloodless, but firm; the valves natural.—*Arteries.* Laying open the aorta, it has an ivory colour, with a tendency to a streak of bluish on each side of the intercostal arteries; the coats are thin. The common iliacs are of an ivory colour, but the external and internal iliacs are marked with small transverse rugæ or striæ.—*Mucous Membrane of the Pulmonary Tubes; Pulmonary Tissue.* Laying open the larynx and trachea, the mucous membrane is found pale, and this is continued through its pulmonary ramifications, which on both sides are healthy, yet the parenchyma posteriorly and inferiorly is slightly engorged with blood, but sections of its tissue only present a blush; otherwise its appearance is perfectly healthy and natural.—*Abdominal Cavity, Peritoneum.* On laying open the parietes of the abdominal cavity, the peritoneum is found partially adhering to the osseum around the wounds, and dark sero-sanguineous fluid issues largely from the incision. The entire peritoneal surface of the stomach and small intestines is of a brick-red colour from capillary injection. The abdominal cavity contains much effused blood, and in proceeding to remove the viscera, ten ounces of coagulated blood are found near (and which appear to have issued from) the spleen, as it is wounded on its external convex surface near its centre, extending from the anterior towards the posterior margin, (corresponding with the large external wound,) then turning upwards, and forming the segment of a circle. A piece of the neck of a French bottle is found deeply embedded in the wounded parenchyma of the spleen. The spleen is very large, and weighs 13 ounces one drachm. The colour of its internal tissue is a light puce, with white dots.—*External Contusion.* At the superior part of the external wound, about the centre, there is a patch of

ecchymosis, showing that this part had sustained a severe bruise.—*The liver* is of the natural size, soft and flaccid; sections of its tissue pale and bloodless, but in its general appearance natural, yet coarse. It weighs 42 ounces avoirdupois. The gall-bladder contains five drachms of healthy bile. *The pancreas* is pale, diminished, and weighs two ounces three drachms and a half. *The kidneys* are natural, and their parenchyma pale.—*Mesentery.* The mesenteric glands are enlarged, and their internal tissue vascular. *The urinary bladder* contained ten ounces of urine. Its internal mucous coat pale; no columnar elevations. *The prostate gland* is natural. Laying open the *oesophagus*, its cuticular lining is pale, and it terminates abruptly in the cardiac orifice; twelve ounces of half digested rice were found in the stomach. *The mucous tissue* of the stomach is pale and corrugated, with the appearance of small sunken striae in the inferior part of the small curvature.—*Duodenum, jejunum, caecum, colon, sigmoid flexure, and rectum.* Passing the pyloric orifice, the surface continues pale, and the rugae irregular, until it has received the common duct. The rugae then become transverse and well developed; fourteen inches from the duct, the rugae assume a slight blush, but they continue well developed, with occasional small tortuous terminations. Progressively, the rugae of the *ileum* become smaller, less regular, and the blush assumes a darker red; towards the centre of the *ileum*, there is a honeycomb ulcer five inches in length, and the three *funברי* were removed from the superior part of the *ileum*. Progressively, numerous considerable honeycomb ulcers are observed. The mucous coat becomes extremely thin, and the rugae sparingly and scantily developed, until they (the rugae) altogether cease. The surface becomes a brick-red colour, and the mucous coat is apparently altogether disorganised. Numerous small white tubercles are here observed, studded in the muscular coat, towards the *caecum* and *caeco-iliac valve*; and there are no traces of rugae. *The caecum* is contracted extremely; its internal surface pale. The mucous coat of the large intestines is pale, with small constricted, firm, irregular rugae in parts only.—*Cranial cavity.* Removing the scalp and skull cap, the *dura mater* was extensively wounded by the saw on both sides. *The arachnoid* is quite transparent; the *pia mater* is natural; the *cerebral tissue* is flaccid. Sections through the *centrum ovale*, parallel with the *corpus callosum*, show very few bleeding points. The cortical substance is well marked. Separating the *corpus callosum* and *fornix* in the centre, and turning the extremities relatively backwards and forwards, shows the *plexus choroides* on both

sides slightly blanched, and both ventricles contain a little fluid. The anterior superior surface of the *thalami* on both sides are slightly softened. *The optic nerves* are wasted and very small. The vessels over the *pons varolii* are injected. The tissue of the cerebellum is soft. *The odontoid process* is large.—*Spinal canal.* Removing the anterior arch of the spinal column, separating the intervertebral vein, and removing the chord in its *weco*, the loose tissue lining the canal opposite the heart, and in the lumbar region, is injected with sanguineous gelatinised fluid. Laying open the *dura mater* of the chord anteriorly, there are a few adhesions of the arachnoid. *The capillary vessels* of the inferior half of this surface are injected. About the centre of the chord, a small fasciculus of nerves arising from the right side, extends obliquely downwards and to the left, and is there lost in a fasciculus of nerves from the left side; the fasciculus arising on the left side, passed obliquely downwards and to the right, and having united itself with that fasciculus just mentioned opposite the centre of the chord, it returns to the left. Laying open the *dura mater posteriorly*, some adhesions of the arachnoid are observed. The capillaries throughout on this surface are irregularly injected. The *pia mater*, throughout the whole extent, is dark and slaty. *The equinal nerves* are also darker than usual in health.—*Chord's tissue.* The organisation, colour, and consistence of the chord are apparently natural.

#### RESUME, OR ANALYSIS OF THE AUTOPSY.

*Thoracic Cavity.*—The pulmonary vessels contain very little blood; one ounce of serous fluid in the pericardium; all the heart's cavities quite empty; its tissue pale. The descending aorta internally has a streak of blush; external and internal iliacs are marked with transverse striae.—*Abdominal cavity.* Blood effused and coagulated from the spleen, which has an incision about its centre, and a piece of glass is extracted from the bottom of the wound in the spleen, and dark blood continues oozing from it; the peritoneal capillaries are injected with blood; the liver is bloodless and pale; the kidneys pale. Stomach contained half digested food; its mucous coat pale and corrugated with striae in the small curvature; mucous surface at first pale; irregular rugae; after the duct well developed, soon assuming a blush; inferiorly, irregularly tortuous, indurated, affected with honeycomb ulcers, thin, loses the rugae, and the mucous coat partially, or altogether disorganised.—*Cranial cavity.* Membranes and cerebral tissue pale, natural; the *thalami* softened; optic nerves wasted; cerebral substance generally flaccid.—*Vinial canal.* The lining tissue of

the canal is injected with semi-gelatinised sero-sanguineous fluid anteriorly in the theca; adhesions of the arachnoid, and inferiorly on the chord, capillary engorgement; posteriorly there are adhesions of the arachnoid; capillaries throughout are injected irregularly. The pia mater throughout is slaty; the equinal nerves dark. The external cellular substance is copious, and muscular system well developed.

The information afforded by the foregoing is to be analysed, and divided into four considerations, with a view to confer accuracy and promptitude in recognising the symptoms of diseases, in reasoning on their causes, origin, courses, effects, their modes of termination, and the principles calculated to influence their cure.—The first consideration embraces a review of the tissues actually diseased, or altered by injury, the ordinary causes of disease in each one of these tissues, the order in which they apparently commenced, and their probable courses.—The second embraces a review of the influence apparently exercised by the diseases specified in this case over the general health, the effects which the treatment adopted were likely to have produced; and causes of any marked symptoms previously observed.—The third embraces a review contrasting all the foregoing information, and showing what the diagnosis should actually have been at each time when formed, what should have been the indications of cure, and what would have been the best course of treatment to accomplish that object.—The fourth embraces a review of what is considered to have been the more immediate cause of death, and of the mode in which animal life, in this instance, terminated.

*First Consideration examined.*—The cerebral and nervous tissues, the spinal arachnoid, the condensed cellular tissue lining the arteries, and the intestinal mucous membrane, were the parts diseased.—The peritoneum, and the parenchyma of the spleen, and its envelope, with the abdominal parietes, were the parts altered by injury.—Excesses either in drinking, eating, sexual intercourse, or exposure to the sun, to wet and cold, or sudden vicissitudes of temperature, usually produce diseases of the serous, mucous, cerebral, and nervous tissues; and hence doubtless of the vascular capillary system, (including the *vasa vasorum*), and the cellular tissues.—The softening of the thalami, wasting of the nerves, and adhesions of the arachnoid, were apparently all connected, by their originating from common causes, or a common cause, and they were the most ancient of diseased affections, as the former would occupy some years in attaining its present state.—Most probably an engorgement of the vascular tissue, entering into the composition of the

thalami, impaired the capillary action of that part, by interfering with the pervious condition of its very delicate system of vessels; and hence, as the circulation became progressively less perfect, the natural organisation of the tissue fell under the influence of the new laws imposed by the change from organic capillary action, and in the same ratio that capillary action became impaired, or its limits circumscribed, the cerebral tissue became softened as a necessary consequence in a corresponding extent.—It seems uncertain whether the original affection of the thalami was then extended to the optic nerves, or that they wasted from the softening of the thalami only; of these theories, the latter is probably nearest the fact, as the consequence of the extension of impaired capillary action, from the thalami to the tissue of the optic nerves.

It appears by the experiments of my learned friend M. Magendie, that there is always some fluid in the spinal theca. I always found fluid, but they were cases of disease, and to that cause I then attributed the presence of fluid. It seems obvious that the existence of fluid in excess, or the presence of adhesions, must indicate a deranged action of the exhalants of this surface. It is probable that the fluid exhaled in disease, may have properties different from those possessed by fluid of the same part in a healthy state. In the present case, it seems very probable that a morbid effusion took place into the theca, soon after the thalami became engorged; because, a considerable lapse of time must have been required to admit of that fluid becoming condensed into false membranes and forming adhesions, which existed in this case. Moreover, the slaty colour of the pia mater clearly evidenced deranged capillary action.

The peritoneum, in conditions of inflammation, exercises that kind of marked influence over the cerebral serous membranes, that the intestinal mucous membrane does over the pulmonary; or, *vice versa*. For this reason, peritoneal inflammations, when not rapidly reduced, have a direct tendency to occasion meningeal engorgement and rapid effusion, which latter frequently terminates in death. In this instance, notwithstanding the very extensive peritoneal injury which occasioned a brick-red injection of the peritoneal capillaries, there was no approach to cerebral engorgement or effusion, in consequence of the extensive loss of blood.—The condensed cellular tissue, lining the arteries, is subject to all modifications of sanguineous engorgement and inflammation, and consequently to ulceration, softening, and disorganisation of its tissue. In certain morbid states, the lining of the aorta often resembles mucous membrane by a humid, glistening, spongy appearance;

and it is then darker than the interior of the arteries in health, specks of ulceration are observed on its surface, generally of irregular form, and the superficies of the ulcer is coated with a puriform substance, giving the idea of a syphilitic ulcer. The streak of blush in the aorta, and decomposition of the lining membrane in the ilia, in the present case, most probably ensued to that morbid action which resulted from the engorgement of the vascular system of the thalami, and the accumulation of blood in the vasa vasorum of the aorta continued of a chronic or passive kind, whereas, in the ilia, the deranged or impaired capillary action of the vasa vasorum, terminated in the softening and decomposition of the lining of that part.—The intestinal mucous tissue is of very great extent, performs the most important offices, and in conditions of irregular life, becomes peculiarly subject to various causes, which induce modifications of inflammation, engorgement, ulceration, and softening of its tissue. The blush on this surface, the irregular and inflamed rugæ, honeycomb ulcers, disappearance of rugæ, disorganisation of the mucous coat in the present case, all indicate preceding capillary engorgement, which progressively deranging the natural capillary action of that part, and the tissue influenced by those laws, to which the existence of varied degrees of passive engorgement or active inflammation subjected each part, became either ulcerated, softened, and disorganised, or as the affection extended upwards, the vasa is progressively became dilated by sanguineous engorgement.—The wound obviously must have produced copious hæmorrhage from the spleen, but no special morbid change could have ensued immediately in that :—beyond the direct solution of continuity, and the general effects resulting from abstraction of blood from the vessels; peritoneal capillary injection necessarily commenced from the period of the injury.

*Second Consideration examined.*—The softening of the optic nerves, and the wasted state of the optic nerves, show that the sight was particularly impaired.—The injected tissue of the spinal canal, the adhesions of the arachnoid in the theca, and the dark colour of the pia mater on the chord posteriorly, and on the equinal nerves, indicate—the former, excess of previous exhalation—the latter, a chronic stage of disease in the capillaries of that part. All these indications mark that the energies and functions of the nerves, both of animal and organic life, have been, in this individual's case, greatly deteriorated and deranged.—The blush in the aorta and atrie indicates, the former a fibrile state of tendency, the latter an impaired vascular condition, which, according to observation, succeeds either to

the course of some lingering affection, or to an active disease.—I have detected this blush in many cases, and it seems to me intimately and extensively connected with morbid action.—Bichat believed that a quarter of those who died had disease of the lining membrane of the arteries.—The blush, irregular rugæ, the inflammation, honeycomb ulcers, thinness, and apparently ulterior decomposition of the mucous intestinal coat, indicate that the individual experienced much general ill health, with a very nervous condition of mind and body.—The natural state of the external cellular and muscular tissues, indicates that the digestive function and the absorbent and lymphatic systems continued healthy, so far as to prevent, up to the period of death, any undue wasting of parts.—The symptoms that attended the progress of these diseases are utterly unknown, and the effects of treatment, if any, are equally so.—In reference to the wound of the abdominal parietes, peritoneum and spleen, and the protrusion of the intestines, there is no exact history of the extent to which he lost blood; but as there was little or no pulmonary, cerebral, or organic engorgement of any kind, except the capillaries of parts injured, it may be considered that the hæmorrhage was very considerable.—The absence of delirium and of coma, indicated there was little or no cerebral engorgement or effusion, and the continuance of vascular action for a considerable period after the accident, together with the loss of blood, concur to account for the capillary system of the spleen, and the parenchyma or tissue of all the great and important organs, containing very little blood, notwithstanding the food remained in the stomach.

*Third Consideration examined.*—The considerations involved necessarily separate into those affecting certain tissue, not immediately concerned, perhaps, in hastening the death, and those injuries received by the accident which did unquestionably produce death.—The anterior history of the case embracing the symptoms, the diagnosis and treatment are wanting; but a very important observation arises, which is, that an individual may have all the external ordinary appearances of health, and continue the discharge of his usual labours for a considerable period, after the most serious diseases have commenced their ravages on tissues of parts performing the most important offices in the maintenance of animal life.—Admitting the diagnosis to have been engorgement and a tendency to softening of the cerebral tissue, either of the thalami, or in their vicinity, and chronic inflammation and ulcers of the intestinal mucous membrane.—*Indications of Cure.*—1st. Reduce the column of circulating blood sufficiently to

relax all the vascular system, to stimulate the heart to draw in resources from all extreme parts to enable the extreme circulatory capillaries to contract themselves, and to stimulate the extreme absorbents more especially of the diseased part to increased action. 2d. To occasion a determination from the part affected by forcing a concentrated determination to some neighbouring part. 3rd. The giving a continued series of shocks to the capillary system, to call all their energies forcibly into action. 4th. Perhaps to effect some change in the fluids; the blood? 5th. Deterge the mucous intestinal coat, of the thickened viscid mucus that in most morbid conditions adheres tenaciously to its entire surface. . . . more delicate . . . . . cles and rugæ; and being in effect interposed between the mucous coat and the intestinal contents, it prevents that surface from exercising a healthy action on the alimentary substances thus imperfectly presented.—*Medical Treatment.* 1st indication. Venesection, subsequently the occasional application of leeches, especially around the rectum. 2nd. This would be effected by a series of blisters, and eventually, issues, or setons. 3d. This would be effected especially by a series of blisters. 4th. Alteratives, as small doses of mercurials, antimonials and the continued abstraction of serum by cantharides vesications, undoubtedly produce such marked effects as to warrant an opinion that in certain morbid conditions, the fluids are rendered more healthy, and capillary action is improved. 5th. Either repeated doses of ipecacuanha large or small, with or without pil. hydrarg. or combined with nitrate of potass. In other cases where there is a more marked febrile tendency, nitrate of potass (this has been recommended by Hillary on the diseases of Barbadoes, and I have found it extremely useful in the diseases of Penang) 1 scr.; muriate of ammonia, gr. xv.; aqua 2 oz.; taken twice a day is most extremely useful. The return of the intratines and bleeding actually practised, were obviously the most appropriate means for recovery; but in the case of such extensive injury, their advantages would be comparatively slight, and perhaps as regards the bleeding, only in a small ratio with its extent.

*Fourth Consideration examined.*—A large quantity of blood was very suddenly poured out from the wounded spleen, all the organs from that moment suffered a large reduction from the columns usually distributed to them the rational faculties were not diminished (but the animal powers weakened) because the cerebral tissue was not engorged; on the reverse, it received a smaller supply of blood. In a general collapse of the system, in sinking, however

produced, and obviously in all cases where vascular action is enfeebled, the tissue of all others the most subject to, and the most endangered by engorgement, is the pulmonary parenchyma; and the parts next in succession the most endangered, are the cerebral tissue, and the pia mater of that substance, and of the chord. The absolute reduction of the general circulating column, general exhaustion from the loss of blood, and the nervous exhaustion resulting from the injury, and its effects progressively aggravated by (perhaps the disease) the partial failure of the cerebral energies from an insufficient supply of blood, and the consequent inability of the heart to draw in supply, more especially those distributed to the pulmonary tissue, or to distribute them in sufficient and equal proportions especially to the brain; the operation of these causes necessarily conspired, to render the circulation less and less perfect at every systole. The heart acting more feebly and sending forth a column still more diminished, yet some of which would no longer be returned again to the centre; by degrees the column more and more diminished, the brain no longer received a supply sufficient for the maintenance of life, the current ceased altogether, and the heart having thrown out its latest supply into the arterial tubes, that organ remained empty, no farther supply was determined to the lungs or brain, and as with the progressive failure of supplies the powers of life declined in the same ratio, so with the cessation of the current, animal life terminated.

*N. B.* The humoral pathology is not entered into, because the schools are undecided on that question. Investigation is recommended, and the experiments and results are solicited from the profession.

## HOPITAL BEAUJON.

### EXTIRPATION OF A CANCEROUS BREAST— HEMORRHAGE FROM A LARGE ARTERY EFFECTUALLY ARRESTED BY TORSION OF THE VESSEL.

A FEMALE, about forty-five years of age, was, on the 24th of July, admitted, on account of a tumour of the left breast. She stated that she had not menstruated for several years, but had enjoyed excellent health up to the last eighteen months, when a very painful tumour had formed on the left breast. On examination, it appeared that the lower and external half of the breast exhibited a hard bilobular tumour, firmly adhering to the skin, which, at the lower portion of the breast, had become indurated, uneven, and inflamed. The tumour

itself was perfectly movable, the axillary glands were not swelled, and the general health of the patient was not affected. The operation was performed on the 28th of July. The skin over the tumour having been comprised between two semilunar incisions, the tumour was, without any difficulty, isolated from the healthy tissue of the great pectoral muscle; a violent hæmorrhage ensued from an artery at the upper angle of the wound; the vessel was seized with a pincette, and after having been four times contorted round its axis, let go; the hæmorrhage was completely arrested, and did not recur after the wound had been closed.—*Journ. Hebdom.*

error shall pay a weekly sum as long as the committee shall deem him entitled to receive the same, or his illness, &c. continue.

7. That no person be admitted as a member who is above the age of 45 years, or if labouring under any pulmonary complaint.

8. That the sums to be paid on any member's declaring on the fund, to be as follows:—

	£.	s.	d.
If sick, per week .....	2	2	0
If imprisoned for debt ..	1	1	0
Loss by fire .....	20	0	0
Member's death .....	30	0	0
Member's wife's death ..	20	0	0
If superannuated .....	0	10	6

9. That the Society commence proceedings as soon as fifty members shall have entered.

10. That the Society be governed by a code of laws agreed to by the members themselves, and to be afterwards enrolled according to the act of parliament.

11. That the general funds of the Society be deposited in the hands of a banker; but the sum of 30*l.* to be placed in the hands of the treasurer to meet the current expenses; and no money to be withdrawn from the banker's, without a check signed by the president, treasurer, and secretary.

12. That the committee, treasurer, and secretary, meet weekly, to receive new members, the secretary's report, and transact the general business of the Society.

13. That every six months the committee prepare a report of the Society's transactions, with the accounts properly audited, for the information of the members at large.

14. That the account books, &c., be open to the inspection of any member, on application to the secretary for that purpose.

It is proposed to establish this institution in the month of October next.

Those gentlemen who wish to become members of the "*Medical Benefit Society of London*," are requested to forward their names and addresses to me, post paid, on or before the 1st of October, to be left at the twopenny post office, Brewer Street, when a meeting will be called, and the institution regularly established. I remain, Sir, yours obediently,

H. W. DEWHURST, Surg.,  
Lecturer on Human, Veterinary, and  
Comparative Anatomy.

Aug. 24, 1829.

In our notice to Correspondents last week, an error of the press occurred in the first reply. It should have been "the communication of Dr. M'Fadden did not reach our office."

#### MEDICAL BENEFIT SOCIETY.

##### To the Editor of THE LANCET.

SIR,—Permit me to request the insertion of a prospectus of the "*Medical Benefit Society of London*," which I proposed, in the pages of your valuable Journal, some time since, to establish. I have drawn it up at the request of several gentlemen who have honoured me with the promise of their co-operation in establishing the same.

##### Prospectus.

Considering the advantages derived from friendly societies, in the humbler classes of the community, it is proposed to establish one among the members of the medical profession, in order to afford pecuniary aid to its members, when incapacitated from attending their professional duties by illness, &c., on the following plan:—

1. That the institution consist of an unlimited number of members.

2. That the members be composed of persons in every class of the medical profession.

3. That it be governed by a president, a committee of twelve, a treasurer, a secretary, and four auditors, elected from the members at large.

4. That each member contribute the sum of two guineas per annum, payable half yearly, in order to entitle him to the privileges under mentioned. Such subscription to commence from the date of entrance.

5. That no member receive any money from the Society's funds, as long as his subscription shall remain in arrear.

6. That any member requiring money from the Society's funds, shall forward to the secretary a certificate, stating his disease, &c.; on the receipt of which he shall be visited by the secretary, who shall be empowered to sign an order; and when countersigned by the president, the trea-

# THE LANCET.

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[1828-9.

## ON PRUSSIC ACID;

By M. ORFILA.

M. ORFILA's memoir, of which the following is an abridgment, gives a very clear exposition of the best methods of discovering, by means of chemical reagents, the presence of hydrocyanic acid in various liquids; of determining the proportion in which it is contained in them, and its effects on the animal economy; and, lastly, of the most efficacious treatment in cases of poisoning by it.

If the acid be mixed with a liquid, the best reagent is the nitrate of silver, which indicates even a very small quantity of it, by a curdly white precipitate, consisting of the cyanuret of silver. This substance has the following properties: it is insoluble in water and nitric acid, at a low temperature, but very soluble in the latter at a boiling heat, and in ammonia; it has a very slight tendency to become of a violet colour, is decomposed by the action of heat, and the free contact of air, so as to give cyanogen and metallic silver, the former of which being easily recognised by the smell, the cyanuret of silver can hardly be confounded with any other substance. The double sulphate of copper, with a little potash, which was proposed by M. Lassaigne as a test for prussic acid, is much more sensible than the sulphate of iron, but less so than the nitrate of silver; moreover it gives a precipitate, which may be confounded with a great many other substances. The persulphate of iron, with a small addition of potash, gives a precipitate of blue colour, (or which becomes so by adding a few drops of sulphuric acid,) but it is by far too little sensible to serve as a test for prussic acid.

In those cases where the acid is mixed with coloured fluids, so as to produce, on the addition of nitrate of silver or persulphate of iron, brown precipitates, a piece of writing paper, impregnated with a solution of caustic potash, is dipped into the fluid for about two or three minutes, and after having become dry in the air, a saturated solution of the persulphate of iron is sprinkled over it, by

which the paper immediately turns of a blue colour, with a slight greenish hue. Sometimes it will be sufficient to destroy the colour of the fluid, by the addition of purified animal charcoal. If either of the two methods prove ineffectual, the fluid must be distilled, and then submitted to the action of nitrate of silver.

The best method of ascertaining the relative quantity of prussic acid in a fluid is the following:—a certain portion of the fluid having been mixed with water, an excess of the solution of nitrate of silver is added guttatim, by which the whole of the prussic acid is precipitated as cyanuret of silver. Numerous experiments have shown that syrup, and the mucilages of gum arabic, and nitram, with which the hydrocyanic syrup is generally prepared, form no precipitate with the nitrate of silver; the cyanuret of silver, in the above experiment, is consequently to be considered as perfectly free from the admixture of any other substance. This method is greatly preferable to distilling the fluid, and collecting the vapour over, or letting it pass through, a solution of the nitrate of silver. In an experiment of that kind, which was made last year in consequence of an order from the "Procureur du Roi," by MM. Barruel, Gay-Lussac, Magendie, and the author, not more than 3.73 grams of the cyanuret were obtained, from a syrup which, by dropping the solution of nitrate of silver in the manner above recommended, was found to furnish 4.558 grains of the cyanuret. From the latter substance, the absolute quantity of hydrocyanic acid is easily obtained by calculation. The cyanuret of silver consists of 54.900 cyanogen, and 135.160 silver, and hydrocyanic acid of 96.34 cyanogen, and 3.66 hydrogen. The quantity of cyanogen in the cyanuret of silver, serves, accordingly, to determine the relative quantity of the prussic acid.

In order to appreciate the quantity of hydrocyanic acid mixed with muriates, carbonates, phosphates, &c., the solution of the nitrate of silver is added, which gives a precipitate, consisting of the cyanuret, muriate, phosphate, carbonate, &c., of silver. The phosphate and carbonate of silver are dissolved by the admixture of diluted

nitric acid, the remainder, consisting of the cyanuret and muriate of silver, is boiled for half an hour with nitric acid, by which the cyanuret of silver is completely taken up, the muriate remaining undissolved. The cyanuret of silver, during its dissolution in the nitric acid, undergoes the following change: the water being, by the action of the acid, decomposed, its oxygen combines with the metal, which thus becomes a nitrate, while the hydrogen unites to the cyanogen, and forms hydrocyanic acid, which is disengaged by the action of heat. In order, therefore, to appreciate the quantity of the cyanuret of silver, a sufficient quantity of hydrocyanic acid is added to the nitrate obtained, to convert the whole of the metal into a cyanuret, the weight of which, together with that of the muriate, will serve to determine the relative quantity of acid in the fluid.

To the above method, it might be objected that the cyanuret of silver obtained, affords no sufficient reason to suppose the existence of free hydrocyanic acid in the fluid, and that the same result would have taken place if it had existed in the form of a hydrocyanate or cyanuret; the distillation of a portion of the fluid in a closed vessel, is sufficient to settle this question, by the condensation of hydrocyanic acid in the receiver, in case it existed free in the fluid, while the cyanurets and hydrocyanates (except the hydrocyanate of ammonia) are not volatilised or decomposed at the temperature of boiling water.

With respect to the morbid alterations produced in the animal economy by the ingestion of large doses of prussic acid, it appears, from numerous experiments upon dogs, that there is no inflammation of the stomach or intestinal canal; while, in the human subject, several *post-mortem* examinations have shown the contrary: this difference may, perhaps, be accounted for, by the circumstance of the dogs having been killed almost suddenly in the greater number of the experiments. MM. Adelon, Marc, and Marjolin, give the following results of the *post-mortem* examinations of seven patients of the Hôpitalière, who, some years ago, died between twenty-five and thirty minutes after having each of them swallowed about nine drachms of the hydrocyanic syrup. The mucous membrane of the stomach and smaller intestines was evidently inflamed, and its follicular mucosæ were more than usually developed; the external surface of the stomach and intestinal canal was injected, the spleen softened, and, in some of the bodies, almost diffused; the veins of the liver were gorged with black fluid blood, the kidneys of a violet colour, softened, and filled with blood, the substance of the heart was rather firm; its cavities, as well as the larger arteries, empty, the larger veins, on

the contrary, being gorged with very black liquid blood, without exhibiting any trace of coagulum. The mucous membrane of the larynx, trachea, and bronchia, was injected, and of a deep red colour; and the bronchia filled and surrounded by spurious liquid blood; the mucous membrane of the bladder, as well as that of the œsophagus and pharynx, was of a white colour, but appeared healthy; the cerebral membranes were injected, the sinüs of the dura mater was filled with black fluid blood; the substance of the brain was somewhat softer than usual, but, in other respects, as well as the spinal chord, healthy; no smell of bitter almonds was perceptible in any of the tissues; all the bodies were extremely rigid.

Although we know as yet of no direct antidote for prussic acid, there are many cases where the poisonous effect of a small dose of it has been obviated by means of proper treatment; and some which M. Orfila observed in his own practice, place it beyond all doubt, that the ingestion of a dose which otherwise would have caused death within fifteen to eighteen minutes, in consequence of the treatment employed, did not prove fatal. M. Orfila having convinced himself, by numerous experiments, that neither the infusion nor decoction of coffee, nor the essential oil of turpentine, nor any of the other remedies recommended, had any effect, came, at last, to the following result:—

1. The inhalation of the vapour from a weak solution of ammonia in water, is to be considered as one of the most efficacious means of checking the poisonous effects of prussic acid. The solution must not be stronger than about one part of the caustic liquor of ammonia to twelve of water, or it will cause a spasmodic contraction of the glottis, and inflammation of the trachea; the internal use of ammonia appears to have no effect whatever.

2. The inhalation of the vapour from a weak solution of chlorine, (four parts of water to one of chlorine,) which was first proposed by M. Simeon, of the Hôpital St. Louis, is not less efficacious than ammonia. M. Orfila asserts that dogs, after having swallowed prussic acid in a quantity sufficient to kill them within fifteen minutes, had been saved from perishing by the inhalation of chlorine, even if it had been employed four or five minutes after the ingestion of the poison.

3. Lastly, the effusion of cold water over the head and along the back, according to the experiments of M. Herbat: of eight dogs, to which this method was applied, three survived the administration of a sufficient quantity of prussic acid to kill them within a short time; the other five died, but the destructive effect of the poison had evidently been retarded by the cold affu-

sions. One of the dogs, after a dose of acid sufficient to kill him within twelve minutes, continued to live for two hours and a half; of two others, who, without the use of cold affusions, would, most probably, have died within two or three minutes, the one remained alive for twenty, the other during fourteen, minutes after the ingestion of the poison.

Besides the above remedies, M. Orfila recommends the use of ice to the head, leeches to the temples, and bleeding; the latter of which, however, he remarks, has, in no case, been sufficient to destroy the effect of the poison, if unassisted by the other remedies above recommended.

## HYDATIDS AND DROPSY OF THE UTERUS.

*To the Editor of THE LANCET.*

SIR,—I beg to forward to you some interesting cases: one of dropsy of the uterus, the other of dropsy in the uterus, treated by my friend Mr. W. WILKINS, of Leeds. I am, Sir, your well-wisher,

JOHN EPPS.

2, Seymour Place, Bryanstone Square.

### CASE OF HYDATIDS OF THE UTERUS.

June 2, 1828. Mrs. A. applied to me respecting a disease which had long resisted the use of domestic remedies. She had diarrhoea, as if from impaired biliary secretion, a paucity of urine, and enlargement of the abdomen. She had not menstruated for four months, but had suffered some pain at the usual periods, attended by a slight serous discharge, and three or four times had experienced a sudden gush of water, as if from the escape of liquor amnii. It was her opinion, and that of her friends, that she was pregnant. She had two children living, and during the latter pregnancy had menstruated till the fourth month. Being of a lax habit, and debilitated by occasional sickness—in addition to the paucity of urine, swelling of the legs, general distress over the whole body, with the absence of quickening and enlargement of the breasts, I thought it most probable that she was dropsical. I endeavoured to regulate the bowels, and to establish a freer flow of urine. On the 7th the diarrhoea was checked, but the urine continued scanty. The legs were swelled to a great degree, and tenderness of the abdomen was now felt, for which latter the sp. tereb. was applied. On the 14th, I commenced giving small doses of calomel, which, in four days, occasioned slight salivation. On the 20th I was sent for in haste, and was informed that she had flooded for two hours, and uterine pains were frequent and tolerably strong. On examination, I

encountered what I conceived to be the placenta, and, at every pain, large coagula seemed to be expelled. The external parts were quite lax, and my hand readily passed within the vagina. It was my desire to seize the fetus and placenta, and so terminate the labour and hæmorrhage together; but the further I pushed my hand, the more interminable appeared the mass which filled the uterus; and my fears relative to what appeared the continued hæmorrhage in so delicate a woman, increased as I proceeded. It now occurred to me to examine the matter which was expelled, and I was greatly surprised to find it to consist of that peculiar fabric called hydatids. The hæmorrhage which had preceded their discharge had ceased. I therefore withdrew my hand, and awaited their final expulsion, to assist which I gave a ℞j. dose of the secale cornutum. This somewhat increased the pains,

and in expelling more hydatids. Having given a little brandy and water, I again introduced my hand, and cautiously broke the mass into fragments, which gradually escaped by my hand, until I could feel the sides of the uterus, which had become a little tender. I now desisted, and gave her a dose of tinct. opii. No bad symptoms followed, and, in a fortnight, she was quite recovered. About a month afterwards she menstruated, and became pregnant about October, and was delivered of a healthy child in July of the present year.

*Remarks.*—Many cases of hydatids are recorded in obstetrical treatises; but occurring so seldom, they scarcely attract the notice of the practitioner; to me it was perfectly novel. The symptoms which attended were of a most ambiguous character, and the difficulty of obviating them by the usual methods, determined me to employ mercury: to this I attribute the disorganisation of the hydatids, and their consequent disengagement. If, from the accompanying symptoms, a correct diagnosis could be formed, I have no doubt that mercury would prove a certain remedy, and which, if used early, would save the patient much distress and anxiety. But the most curious circumstance attending this case is, that the uterus should so far regain its full and healthy powers, and in so short a time as to give birth to a child within thirteen months after this most formidable disease, and that no trace of hydatids has since appeared in the patient.

My friend Mr. Batty, of this town, witnessed the case during the final discharge of the hydatids. In quantity, there were between three and four quarts, varying in size from the smallest seed to a moderate sized grape, and when detached from the large mass, being, together, not unlike bunches of the latter.

## DROPSY OF THE UTERUS.

The following case also shows to what extent the secretory functions of the uterus may be deranged, without preventing conception:—

1825, March 29. I was desired to attend Mrs. V., who had had a premature labour a week or two previously. As she had been under the care of another surgeon, I made no inquiry into the particulars. She had borne living children before, and always considered herself a very healthy woman. In March, 1826, I was called to her in labour: the membranes had given way before my arrival, and the whole room-floor gave evidence of the fact. On examination, I could not decide what the presentation was: it proved to be the head; a few pains protruded it, and the labour was soon over. The whole body of the fetus was anasarous to a high degree, the skin being as about to burst at every point, and exhibiting, on the whole, a most grotesque appearance. In a short time afterwards, the placenta was expelled, but not in the least like a placenta. It was perfectly colourless, and had an appearance of innumerable filaments, like the roots of a shrub. It was, indeed, deprived of intervening cellular substance, and consisted only of the different series of vessels, and these containing a colourless fluid. I much regret I could not retain possession of it. In this, as in her subsequent pregnancy, she could not say how many months she had proceeded, as her menstruation never appeared properly to leave her. This fetus did not appear more than five months old. She recovered well. In February, 1827, I again attended her, and the membranes not having been ruptured, I provided myself with several capacious vessels to hold the liquor amnii on its discharge. Of this there were nearly two gallons, and then followed twins, (head and feet,) about four to five months old, with a natural placenta. Her health was soon restored. In May, 1828, I had a similar duty to perform; the quantity of water was equal to the former, and the fetus about the same age. The placenta was retained, and required removal; and, to conclude, on the 1st May, 1829, she was again delivered of twins, under precisely similar circumstances as those before mentioned.

*Remarks.*—The age of the person above alluded to, is now 36. She has four living children. Her health previous to March, 1825, was good, and her former labours were marked by exceeding quickness. About the time of the commencement of her four last conceptions, symptoms of dropsy always supervened, which continued to the close of gestation, in rather a severe degree. The size of the abdomen previous to deli-

very, was equal to that of any healthy pregnancy, and it is evident, that in every successive impregnation, that the period of fetal life is diminished. From the appearance of the fetus in every case, no signs of putrescence existed, and death only occurred immediately before expulsion. This case affords a clear evidence of hydrops uteri, a disease which many practitioners have doubted the existence of. During the progress of two pregnancies, strong diuretics were given, in order to prevent the rapid accumulation of water; but whilst they powerfully acted on the extremities of the patient, and completely relieved them of their anasarous condition, the uterus increased without any cessation whatever. After delivery, a copious diuresis is established for several days, and the patient is then free from all future disturbance, until conception again takes place.

Both the above cases illustrate many points of pathology, and physiologists may draw important inferences from them. As to their practical utility, nothing much can be advanced; they are not only rare, but anomalous; they show us, however, some of the vagaries of Nature, and teach us not to fear disease, however formidable it may appear, nor to doubt the powers of the human frame, in the assistance of medical skill towards the restoration of health, however appearances may militate to the contrary.

## TRISMUS FROM COLD, &amp;c.

By R. DAWLEY FORSTER, Esq. M.R.C.S.

ALTHOUGH the following practice is, as I believe, novel, it does not rest solely on the success attending its adoption in the two cases about to be detailed, as physiological reasoning induced me to pursue it from the axiom, that deliquium, or a state bordering on it, in conjunction with vomiting, and the cessation of apasm, are placed, with relation to each other, as cause and effect:—

CASE 1.—A poor woman was seized with trismus, immediately after attending the funeral of her husband, the burial-ground and atmosphere being very damp and cold at the time. A grain of the tartarate of antimony and thirty minims of tincture of opium, in half an ounce of water, were administered, but without the slightest effect; double the dose was exhibited in half an hour, and in 15 minutes repeated; shortly after this vomiting commenced, and slight fainting supervened, when the apasm relaxed and did not return. The reason for the addition of the opium was, that sufficient time might be allowed for the absorption of

a portion of the tartrate of antimony; but it is not quite clear that it is well founded.

**CASE 2.**—A young lady, aged 19, of leucophlegmatic habit, and emaciated, related the subjoined history:—She casually suffered a few drops of cold water to fall on her foot, being at the time in her usual health, but this was attended by a very trifling, although impressive sensation, lasting for a moment. Next morning, to her surprise and alarm, she could not open her mouth. This occurred in the country, whence, after remaining five weeks, during which time she received not the slightest benefit from her medical advisers, she came to town, and having heard of the last case, placed herself under my care. She now stated, that fluid aliment did not allay her appetite, which is craving as at first, and that she lost flesh, though continually using soups, dissolved jellies, &c.; in fact the stomach, from debility, did not digest half the ingesta, which of course ran into the acetous fermentation, producing, as is well known, the craving above-mentioned. Under these circumstances, croton oil, in the form of emulsion, was taken, producing nothing further than an aperient effect; the evacuations dark and offensive. The plan adopted in the last case was resorted to with results so similar as to render it superfluous to repeat them, and the moment relief was obtained, and the stomach eased, although still nauseating, she ate very heartily, chewing with facility. It is curious that her sister suffered for a short time in the same way, the exciting cause being different.

9, Stafford Street, Mary-le-Bone,  
Sept. 2, 1829.

#### ON HYDROPHOBIA.

By H. ROBERTSON, M.D.

Of late years hydrophobia has, apparently, become much more frequent than it formerly was; so much so, indeed, as to make it a subject of very general interest. But notwithstanding its claims to professional attention, every investigation into its pathology seems to have been abandoned as hopeless and unavailing; the disease, consequently, is in no instance treated upon systematic principles, and, with but few exceptions, the cure of hydrophobia has been regarded as a subject of the most vague and abject empiricism. In this case it may, perhaps, be truly asserted, that even an erroneous view of the proximate cause of hydrophobia might lead to a more advantageous mode of treatment, than the present uncertain and indefinite manner in which it is treated. By investigating this disease in a systematic way, and by detecting, and

consequently avoiding, errors that may have been previously entertained, we may gradually ascertain the truth.

It is with this view that I venture to give my opinion of the nature of hydrophobia; not, however, with the idea that I shall do more in the attempt than induce others to direct their minds to this important question. In the few observations I have now to offer, I shall confine myself to the particular point I have alluded to in explanation of hydrophobia, as it occurs in the human race, and leave others to pursue a full investigation of the history of that dreadful malady in all its bearings.

It need scarcely be observed, that hydrophobia is commonly understood to be a specific disease, manifested by a peculiar train of symptoms, and excited in the functions, by the introduction of a poison which has been previously generated in the bodies of certain animals labouring under disease; that the animals in whom this spontaneous malady most usually occurs, are those of the canine race; that, so far as we yet know, the saliva is the secretion in which this peculiar poison is most abundant; and that, consequently, animals of other natural classes commonly contract what we call, (when it occurs in man,) hydrophobia, by being bitten by those in whom the peculiar disease, called rabies exists. I do not, by the above, mean to limit the origin of rabies to animals only of the canine species. There are well authenticated instances in which hydrophobia was occasioned by the bite of an irritated cat, and it has also appeared from similar injuries by other animals; nor do I presume to deny, that hydrophobia has been occasioned by the bite of a dog under temporary irritation, and otherwise in good health. I have merely advanced the generally received opinion of the origin of this disease, as a minute inquiry into these particulars does not bear upon the point I have in view, viz. the ascertaining the proximate cause of hydrophobia when it occurs in man.

Every matter that occasions a deviation of the functions from their regular and healthy train, when introduced into the system, may be denominated a poison, and in this respect, the substances capable of such an effect, are of endless variety. Many of them are the most subtle gaseous fluids, and others are either generated in some animals under a state of disease, or are the secretions peculiar to certain organs. The different classes of poisons mentioned, (except those of a corrosive nature, which directly set upon and destroy the organ itself,) communicate their specific properties to the animal economy, by an impression upon the nervous system, either directly acting upon the brain itself, as in the respiration of contagious and other noxious gaseous fluids, or indi-

rectly through the medium of the circulation, by abrasions of the surface, as in bites, stings, punctures, &c. It is, moreover, to be observed, that whatever may be the nature of the poison communicated to the healthy system, whether it be gaseous or liquid, a morbid poison, or the healthy secretion of some function, besides the impression upon the nervous functions, a febrile state of the body is the uniform result. Caelius Aurelianus says it was the opinion of the most celebrated ancient philosophers, that the brain and nerves were the seat of hydrophobia, and it is to be lamented that this idea was ever lost sight of. However, I do not mean to infer, that the impression is equally simultaneous in all. The period that elapses from the application of the poison, will vary according to the susceptibility of the person, the virulence or concentration of the poison, and its specific variety. What I intend to advance is, that whenever the impression becomes evident on the nervous system, from the communication of any specific poisonous matter to the body, a febrile state of the functions simultaneously appears. This is particularly evident from every morbid poison; and all those venoms that are the natural secretions of certain animals. In proof of the opinion here advanced, of the effect of these matters in occasioning fever, I may adduce the similarity of appearances on dissection of those who have died from fever, and of those who have died from hydrophobia. Every matter capable of exciting the nervous system, either generally or partially, always produces a peculiar impression, differing from that occasioned by any other matter of the same class: yet the febrile action of the functions, the consequence of their stimulant powers, is common to the whole. Hydrophobia has accordingly appeared occasionally in people labouring under other diseases of excitement and irritation. The assertion, that the introduction of natural or morbid poisons into the system, produces fever, may appear too general, and admit of exceptions; all of them, however, occasion local inflammation when communicated by wound; and when the system is infected, there takes place a derangement of the functions that more nearly resembles fever than any other general malady. I allude to those morbid poisons that are commonly held as not occasioning such effects, but which derange the functions by inducing an impression on the minute vessels that operates in destroying their organization. My opinion of the proximate cause of fever is, that the remote cause, as in the present case, (a specific poison,) communicates a specific impression to the brain and nervous system; that the specific poison, independently of its general effects, acts as a stimulant upon those

organs; that the specific impulse is given, either by sympathy through the organs of respiration, or by absorption through the circulation; that the irregularity which appears in the nervous functions in the course of the disease, arises from the violence of the exciting cause; hence originates the irregularity and increased energy of the circulating powers; that, of course, the excitement will appear greatest in the organ most immediately and principally affected, viz., the brain, or in such viscera as are connected with that organ, in health, by sympathy, as the stomach, the liver, &c., or in such organs as have been previously affected with disease. In this way, I imagine, that vertigo, foul tongue, delirium and inflammation of the brain, nausea, and affections of the stomach and bowels are secondary symptoms only, in every case of idiopathic fever, and that they depend entirely on the primary excitement of the brain itself. Upon this view of the nature of fever, in applying it to hydrophobia, I should infer, that our views in the treatment of that dreadful malady should be directed to the state of the cerebral functions, considering the leading symptom of the disease, the *horror aquæ*, merely as a sympathetic affection, similar, in that respect, to the retching and diarrhoea, common in cases of ordinary fever. Should it ever be my misfortune to be called to treat hydrophobia, I should, with the above view, inculcate most strictly every part of the antiphlogistic regimen, particularly that of low diet, tranquillity, and exclusion from light. I would permit of no experiments that might induce a spasmodic paroxysm; whatever might be necessary for nourishment or medicine, I would convey into the stomach by means of an elastic gum catheter, or some other contrivance; I would shave the head, keep the bowels open, and avoid, as much as possible, every medicine, or any thing else of a generally stimulant nature. With regard to bloodletting, I should be guided by circumstances, and do so by opening the temporal artery, or cupping the neck and occiput, bearing always in mind the reciprocal energy between the powers of the cerebral functions and the force of the circulation within the head. Whilst we endeavour to lower the action of these vessels by subtracting a portion of their contents, care must be had, that the quantity so withdrawn, shall leave the vessels in sufficient tone to support a certain degree of nervous energy; for although the excessive action of the heart and arteries adds proportionably to the danger in febrile diseases, we must always keep in mind, that it is only through the moderated action of these organs that the system recovers its healthy condition. My next step in the treatment of hydrophobia

would be to re-open the wound, and to bring it to a state of suppuration; by doing so, I should certainly effect, to a certain degree, a counter irritation to that excited in the brain, and probably prevent a fresh secretion of poisonous matter. The use of ammonia or lead, as remedies for hydrophobia, I should only adopt on finding my proceedings, according to the above outline, not likely to succeed. The wound might, with propriety, be bathed with solut. cupri ammon., liquor ammonia, or potassæ. It does not fall within my intention, in these observations, to make any remarks on the different plans of treating hydrophobia that are on record, or of the specific remedies that have been given to the public for its cure; for, without questioning the existence of such remedies, which I see no reason to doubt, we have specific remedies against other animal poisons, and, eventually, one for the cure of hydrophobia may be discovered; but till that happy event takes place our views are as likely to be successful by proceeding in a systematic manner, as by administering, indiscriminately, the first thing that suggests itself, according to the appearance of the patient. But impressed with the opinion, that hydrophobia is occasioned by the power of the peculiar poison acting on the brain, and considering the great influence of every preparation of zinc and copper, in curing diseases arising from irregularity in the functions of that organ, I should certainly have recourse to the most powerful of that class of remedies, the ammoniuret of copper, as soon as every symptom, depending on an increased circulation, had begun to abate; and, by the same reasoning, that remedy bids fair to be of the greatest utility in the protracted stage of typhus, and other severe cases of hydrophobic fever.

Boulogne-sur-Mer, Aug. 28, 1829.

#### RABIES IN ANIMALS.

A CORRESPONDENT, under the signature of J. B., objects to the proofs adduced by *Chirurgus*, page 652, with regard to consumption of feces by animals, as a characteristic of rabies. He adds the following observations on hydrophobia and madness:—

Drinking water is now no criterion by which we can judge of the existence or non-existence of rabies; the name of hydrophobia, formerly given to this disease, is now universally allowed to be incorrect, there being no dread of water itself, but of the horrible spasms which the attempt to swallow liquids induces. Even this is not so constant an attendant of the disease as it was formerly supposed to be; there are many well-marked cases of rabies, without

either a horror of fluids, or difficulty of swallowing. The true characteristic of rabies, (that, at least, which is considered to be such by those who have paid the greatest attention to canine pathology,) is an inflammatory appearance of the mucous lining of the stomach and larynx, generally, in both, in a circumscribed patch; and although, in the case related by *Chirurgus*, the inflammation does not appear to have been circumscribed, yet *Chirurgus* says, there was a preternatural redness of the mucous lining of the stomach, as well as the œsophagus, which is rather confirmatory, than otherwise, of the opinion that the dog was rabid. With regard to the appearances in the head, the brain was formerly supposed to be the principal seat of disease in rabies, but in numberless instances no visible affection of the brain having been discovered, disease there is not now considered essential to rabies; the inflammatory spot in the stomach and larynx is thought so conclusive, as to render an examination of the brain unnecessary; and, consequently, when the dissection is merely to establish the fact of the disease being rabies, it is frequently omitted; but still, as inflammation of the brain may doubtlessly coexist with the true characteristics of rabies, the appearance of effusion and turgidity of the vessels in the present case, can surely be no proof of the dog not being rabid.

#### FAILURE OF AN ATTEMPT TO ARREST HÆMORRHAGE BY TORSION OF THE VESSEL.

To the Editor of THE LANCET.

SIR,—Having read in No. 311 of THE LANCET, an account of M. Amussat's new operation for arresting hæmorrhage by torsion, I was induced to try the experiment on a spaniel dog, and am sorry to say, it did not coincide with those of M. Amussat. Having laid bare the femoral artery of the dog, I made an incision through it, and taking up the end nearest to the heart, I twisted it according to the mode proposed by M. Amussat. The hæmorrhage appeared to be perfectly arrested for the space of a minute, when, upon the animal making a slight exertion, the bleeding burst out as freshly as if nothing had been done to arrest it: I then tried the experiment upon the other leg of the animal with a similar result. From this I should conclude, that it would be very dangerous to trust to this mode of arresting hæmorrhage from large arteries, in consequence of the velocity with which the blood is propelled through them. Hoping some of your able physiological correspondents will fully investigate the subject,

and send you the result of their experiments, I remain, Sir, your constant reader and admirer,

TYRO.

Aug. 31st, 1839.

#### PUERPERAL INFLAMMATION OF THE WOMB.

**INFLAMMATION** of the uterus, it is well known, may occur either when the organ is in an unimpregnated state, or, in its puerperal condition; the intensity of the disease in each case varying according to circumstances. As a general rule, however, the inflammation which attacks the womb after child-birth, is the most acute and formidable, requiring for its treatment prompt and decisive antiphlogistic means, whilst the disease which affects the uterus in its simple state, is of a more chronic nature, and is removed by comparatively less active treatment. We believe there is no practical man who will not concur in this opinion; it is, therefore, somewhat strange, that Mason Good\* should state in an unqualified manner, that in puerperal inflammation of the womb, the symptoms are less acute than in simple inflammation, and that "bleeding is to be avoided." These reflections suggested themselves to us on perusing the subjoined details of two cases of *hysteritis puerperalis*, in the present number of the Medical and Physical Journal, communicated to that publication by Mr. Paxton, of Oxford.

"Mrs. B., *etat.* 28 years, of a florid complexion and sanguineous temperament, had been married ten years, but had never been pregnant till the present year. The usual time of utero-gestation was passed without any troublesome sickness, or derangement of health. On the 21st of November, 1828, labour commenced; the process went on favourably and naturally, and at the end of four or five hours Mrs. B. gave birth to a well-formed female child. The placenta was expelled, with very little assistance, in a quarter of an hour afterwards. Quietness and composure were enjoined; but the injunction was not complied with; for the gratification of having become a mother after the lapse of an almost hopeless term of years, appeared to give rise to an excitation too powerful for the due exercise of the vital functions. In half an hour distressing symptoms of hysteria came on, as screaming,

sense of suffocation, pale cadaverous countenance, clammy sweats, and coldness of the extremities. On examination, there was found considerable uterine discharge, and a great sense of exhaustion followed.—Wine and water was given, and ammonia with 60 drops of laudanum.

22d. The patient had a quiet night; but this morning she complains of pain in the loins, and tenderness about the hypogastric region. Passes water frequently, but in small quantities, and there is a very considerable lochial discharge. Pulse 125; tongue dry; thirst; surface hot and dry, and looks pallid. Calomel, *gr. viij. statim*, et haust. salin. *quartis horis*.

23d. Had copious alvine evacuations; less pain, some sleep; pulse 120. Pergat in usu medicamen. *prescript. sine calomelane*.

24th. Complaints of headach; has had chills, alternating with flushings of heat; acute and permanent pain in the same situation as above described. When pressure is made, there is extreme tenderness of the abdomen, but no tension; there are also wandering pains over the whole body. Uterine hæmorrhage continues.

25th. Haust. *inf. rosæ cum magn. sulph. 3i. quartis horis*. There is some abatement of the former symptoms. Large coagula were expelled from the vagina during the night. Haust. *infus. rosæ cum acid. sulph. dil. quartis horis. Ol. ricini ʒvi. statim*.

28th. Up to this period no material change has occurred. The pulse is small and frequent; tongue covered with a light brown fur on the back of it; temperature of the skin beyond the natural standard; perpetual desire to void the urine, which is scanty, deep coloured, and turbid. Lochial discharge continues in considerable quantity. No milk has been secreted. Complexion sallow. On some occasion the patient was removed from her bed, when syncope and clammy perspiration alarmed her attendants. She has no appetite, but is thirsty. There is some degree of fulness and uneasiness in the abdomen, but not amounting to pain, unless pressure is made with the hand, which discovers the uterus to be thrice its unimpregnated size. Emp. *canth. supra regionem hypogast. applicandum*. Pergat in usu medicamen.

December 3d. Some relief was procured: the pains were very much diminished, and, on the whole, it may be said, that the train of unpleasant symptoms and constitutional disturbance is subsiding. Pulse 105; sometimes small doses of ammon. subcarb. were exhibited; at others, effervescing medicines and occasional doses of ol. ricini.

This state of things continued with little variation till the 8th, when marked rigours, sweats, and diarrhœa, suddenly, and certainly unexpectedly, supervened. Wine

\* Study of Medicine, vol. ii. p. 490.

and opiate confection were administered; difficulty. The placenta was not long detained. A sense of excessive fatigue and faintness immediately succeeded, and a recurrence of hæmorrhage. Took tr. opii, ℥j xl.

*Section cadaveris.*—The body was examined about twelve hours afterwards, in the presence of Dr. Kidd. The liver, stomach, and intestines, exhibited no morbid affection of any kind. There was no effusion or unhealthy appearance of the peritoneum. The disease was found to be limited to the uterus: this organ was five inches in diameter; its peritoneal covering had some slight pencilling of vascularity; but its internal structure had undergone very extensive change. The whole inner surface was of a dark crimson and livid hue; the cervix was completely gangrenous, and gave forth a highly offensive vapour.\*

CASE 2.—The second case occurred on the 24th of May, 1829, on which day Mrs. H. fell in labour with her second child. A midwife attended her for fourteen hours; the membranes were ruptured, and very considerable hæmorrhage took place, producing great faintness. A medical gentleman (Mr. Tones) was therefore called in, who, very properly, immediately adopted an opposite plan to that which had been hitherto pursued. Instead of warm stimulants, with which she had been plentifully supplied, he ordered cold liquids, and sulphuric acid, as an infusion of roses. This succeeded in suppressing the hæmorrhage. The pains were trifling. On examination, the hand of the child was found to have fallen into the vagina. Mr. Tones then requested my attendance. I advised the extremity to be replaced, and the child to be turned; but, from the rigidity of the uterus, its powerful contraction, and from the large size of the child, there was a delay of several hours before this object could be accomplished. The feet were at length brought down, and the body and head were then delivered without

25th. The patient was very restless, sighing, and experienced great pain in the back and hypogastric region. Pulse 140; calomel, gr. x.; opii, gr. ij. statim. Haust effervescens quartis horis.

26th. More comfortable; pulse 110; but in the evening, chills and cold perspirations were frequent, and the pain increased. Calomel, gr. viij.; opii, gr. ij. statim. Pergat in usu haust.

27th. The patient feels less pain, and has had some sleep. Pergat.

28th. Passed a restless night, and the pain has returned with greater violence. There is a sense of exhaustion, fainting, anxiety, and general uneasiness: in particular, pain over the uterus, which was increased on the most moderate pressure; but there is no abdominal tension. Lochial discharge in considerable quantity. Applioentur hirudines xx.

Somewhat relieved; but the circumscribed swelling and tenderness at the lower part of the abdomen continues. In the evening complained of great pain and tenderness about the uterus, rigours or heats, depression of spirits, and general uneasiness. S. ad xxiv. Haust. efferves. cum ant. tart. gr. ʒ tertius horis.

The blood drawn exhibited marks of inflammation. The pain and sensibility, however, was much diminished, and from this time there may be stated to have been a rapid amendment until the 6th of June, when a slight attack of phlegmasia dolens supervened, and protracted the cure for three weeks longer; since which the patient has been free from complaints, and, indeed, about her domestic occupations.

The reflections I make on a comparison of these cases are,

1st. That copious depletion is the most powerful means of subduing inflammatory action of the uterus.

2d. That uterine discharges have no effect in relieving that organ, when suffering under inflammation.

3d. That neither the faintness experienced by the patient, nor even uterine hæmorrhage, or weakness of the pulse, should have any weight on the mind of the practitioner, so as to prevent his carrying local or general bloodletting to its requisite extent: for if there is fever, with constant uterine and general pain, this is the true criterion for forming a judgment of the propriety of the measure, and not any other consideration whatever.

\* Bours states, that "mortification is an extremely rare termination." Dr. Ley, (Medical Transactions of the College, vol. v. art. 20.) in describing the appearances observed in a fatal case of inflammation of the womb, says, that "no appearance of mucous membrane remained; the whole surface had assumed a gangrenous appearance, was extremely irregular, and of dark livid or greenish hue, and these appearances were accompanied with considerable fever." Subsequently, however, he states, that he was not convinced gangrene had absolutely occurred, and refers the phenomena observed "to the effusion and putrefaction of lymph and of blood in its aggregate state, effused upon the surface of the uterus."—Ed. L.

ON THE PRECISE SEAT OF THE SMALL-POX  
PUSTULE.

The following observations by Mr. GEORGE OAKLEY HEMING, surgeon, of Kentishtown, are also published in the same journal.

It has appeared to me that a distinction may be made between the pustule of variola and the vesicle of varicella, by observing the distinct seat of these affections. From an investigation, pursued with considerable care, I think I have ascertained that the former has its seat in the sebaceous glands and mucous follicles, whilst the latter seems to be merely subcuticular in general. The exact seat of the variolous pustule seems to be determined by observing the textures most apt to be affected by it, and the textures excluded from it; the form of the pustule itself, its difference from that of the vesicle of varicella, and its similarity to that of some other affections of the sebaceous glands. A still more direct proof of this point flows from minutely observing the anatomy of the sebaceous glands and mucous follicles, and tracing that of the variolous pustule.

The practical advantages of the inquiry consist in its affording a source of diagnosis, and in its tendency, in this manner, to settle some disputes which still divide the medical profession, and to enable us better to decide upon the real value of vaccination. It may be observed, that the variolous pustule is confined to the skin and mucous membranes. After much diligent search, I have never been able to detect any thing at all resembling it in the serous membranes. I do not mean to say that there is, in no case of variola, inflammation of a serous membrane, but that I have not been able to detect any appearance of variolous pustule, or difference from that of common inflammation. Then the circular, flat, and indented form of the variolous pustule differs widely from the hemispherical form of the vesicle of varicella: it is observed, too, from the hardness felt on an early examination, that deeper seated parts are affected in the former than in the latter disease. Before I proceed, I would observe that, although I have spoken of the variolous pustule as affecting the follicles of the mucous membrane, such pustules are never perfect, the presence of a cuticle being required to form the perfect pustule. The variolous affection of the mucous membrane assumes, first, the form of an inflamed point, then becomes an ulcer, and then passes into a state resembling that in aphthæ. Wrisberg, Contuminius, and others, may therefore well have disputed whether the perfect pustule of variola existed internally.

It is well known that the variolous pus-

tule occurs in every part of the surface of the body. Haller considered that the sebaceous glands had not been demonstrated in every part. Morgagni had seen them in the back, neck, and other parts. Bichat goes so far as to doubt the existence of the sebaceous glands; but his follower in this inquiry, Beclard, distinctly affirms their existence. Lastly, Chevalier says, that they exist in every part of the cutaneous texture; and the last-named author has deposited preparations in the Museum of the College of Surgeons, showing the sebaceous glands in the nose and chin of the infant. He contends that there are two sets of these glands, one more superficial than the other.

The variolous affection is to be seen in some part of the track of the mucous membrane, in almost every case of the disease, but in no single case in great number. It is equally true, that the mucous follicles pervade the whole of these membranes. There are some parts of the mucous membranes, as on the tongue, the palate, and the mouth generally, covered by a cuticle of sufficient thickness occasionally to allow of being distended by fluid effused underneath, and, consequently, of the formation of a pustule. But, in most parts of the mucous membranes, there is either no cuticle, or it is so thin as not to allow of distention by the subsequent effusion of fluid: in these, of course, no pustule can be formed; but we observe the mucous follicle enlarged by inflammation, covered by a layer of whitish matter, very much resembling that in aphthæ, and sometimes ulcerated. Whether one or other of these appearances be found, will depend upon the different periods of the disease at which the examination of the mucous membranes takes place. It is a curious fact that, throughout the mucous lining of the bowels, extending from the stomach to the rectum, there is no portion of it where the mucous follicles are so frequently affected by small-pox as in that of the appendix vermiformis. In regard to any affection of a serous membrane, I must repeat, that I have never observed any thing either pustular or of the character of the affection of the follicles of the mucous membrane, which I have just described.

The sebaceous glands, as is well known, are small bodies, whose office is to secrete a greasy matter, which is poured forth by their excretory ducts, and distributed over the skin, and into each of these ducts the cuticle dips. This organisation cannot be discerned in the healthy state of the sebaceous glands; but, when they are diseased, it may sometimes be seen even without a lens; they are very prone to diseases, of which one form is called *acne*. It was the resemblance that this diseased state of the sebaceous glands bears to the little tumours

found in the early stage of small-pox, and the striking similitude to a small-pox pustule at a more advanced period, when an herpetic eruption about the chin extends over an enlarged sebaceous gland, conjoined to other circumstances, which first led me to suppose that the sebaceous glands and mucous follicles were the parts affected by variola. Sir A. Cooper remarks, that some tumours arise from an enlargement of the sebaceous cysts, in consequence of their orifices being obstructed; and he observes, that "within the cyst there is a lining of cuticle, which adheres to its interior, and several desquamations of the same substance are found within the first lining." I am now attending a young woman who has a disease of these glands, and the orifices are so much enlarged that I can pass into them a bristle. I applied a blister, and, by this means removing the cuticle, had a drawing taken of the part, in which this fact is illustrated. The sebaceous glands and mucous follicles bear the strictest analogy to each other, both in their structure and functions, and consequently are apt to be affected by the same diseases.

I now proceed to give an account of the appearances of the perfect varicellous pustule: I would first observe, most particularly, that, although the indentation of the pustule of small-pox has generally been considered by medical writers as one among many other circumstances by which we may be enabled to distinguish it from chicken-pox, it appears to me that, not being acquainted with the cause of this very curious circumstance, they have not attached to it the importance which it seems to demand. This indentation in the pustule can only depend upon the structure of the part affected; it is the natural formation of the cuticle at that part which produces the depression in its centre.

Dr. Armstrong says, "I have never seen the central depression absent in small-pox, and, what is remarkable, I have never seen it present in chicken-pox.\*" My own practice confirms this observation; and I think that most medical men must have observed the uniformity of the central depression in small-pox. The inference I would draw is, that small-pox, at all times, attacks the same structure. At the earliest stages of the eruption of small-pox, it is generally first seen in the hands and face, where small red spots indicate the inflamed state of the cutis. On these spots a small, round, hard tumour may be perceived by the touch, before it becomes visible. In twenty four hours it is still more distinct; it gradually

changes its form until the third or fourth day, when it is perfectly circular, with a flattened top, in the centre of which an indentation may be perceived, resembling, it has been remarked, "the impression made in the skin with the head of a large pin." The vesicle is then about the eighth part of an inch in diameter; it is of a cellular structure, and filled with lymph, somewhat turbid, and finally purulent. By the fifth or sixth day, its size has augmented to twice its former diameter. The central depression is commonly evident on the second or third day in some of the pustules, where they are numerous. Dr. Munro, in his *Observations on the Small-pox*, remarks, that "the central clear part of the pimple is evidently depressed on the fourth or fifth day: this depression is not to be perceived in all the pimples in the same light; but, by turning the body, it can be seen in those vesicular pimples in which it had not been previously perceptible. This fact is generally overlooked, and has often led to the denial of the existence of the central depression when it was present."

There may be cases in which the central depression is not perceived without much difficulty; but, if the pustule be carefully examined by a microscope, and in a proper light, it will be discovered; it is most manifest when the internal fluid is clear, and is essentially different from the depression in other eruptions, which exist only after the apex is encrusted. As the disease advances, a red ring shows itself round the circumference of the pustule, and becomes wider as it increases in size. There is a remarkable appearance of the pustule on the sixth or seventh day, which was pointed out to me by Dr. Marshall Hall. There is an external ring of rose colour, in which is another ring of white, evidently rendered so by the colour of the contained fluid; within this is a third ring, which is red, and has an appearance as if the surface of the pustule was in contact with the flesh beneath; and in the middle of this there is a portion which again looks white, but is dull and cloudy; these appearances I have constantly observed about the sixth or seventh day. After the seventh or eighth day, the pustule loses its indented character, and becomes nearly spherical. If it be opened, it will be found to contain pus; and not only the small sebaceous gland, which was at first merely inflamed and enlarged, has become disorganised, but all these small glands, within the circumference of the pustule, have partaken of this disorganisation, and a slough is formed nearly of the size of the base of the pustule. A portion of coagulable lymph is thrown out around the slough, and thus I am inclined to think is what Mr. Cruikshank supposed so to be a membrane

\* Dr. Armstrong is in the habit of showing, at his lectures, casts, which well illustrate the central depression.—ED. L.

situated between the rete mucosum and cutis, and which he has called the membrane of small-pox.

Mr. Cruikshank describes this vascular membrane as situated between the rete mucosum and cutis, and which he had injected in the skin of persons who had died of the small-pox. During the summer months he macerated, in water, pieces of small-pox skin, which had been kept for some time in spirits, and he says "the cuticle and rete mucosum were turned down, and, upon the eighth or ninth day, I found I could separate a vascular membrane from the cutis." There is little doubt but this was the vascular network described by Bichat, which Mr. Cruikshank had injected, and, in consequence of the effusion of lymph which I have previously described, he was enabled to separate it in the form of a membrane.

From the back of a patient who died of the small-pox, I removed a portion of skin covered with pustules, which I macerated in water eight or ten days. I succeeded in removing the cuticle from the pustules; these still retaining their form, and being covered by another membrane. But, in the present doubtful state of our knowledge as to the existence of the rete mucosum in the white races, I found some difficulty in deciding whether this was the rete mucosum, or only a layer of coagulable lymph effused at an early period of the formation of the pustule, and subsequently raised with the cuticle by the pus contained in the pustule. Dr. Armstrong has this preparation.

Mr. Cruikshank found, that in the centre of the pustule of small-pox, there was a white substance, which he could not inject; and this Mr. Hunter said was a slough formed by the variolous inflammation. He thought it was always to be found in this disease, and that it was a circumstance by which it might be distinguished. In most cases it does exist, but I believe there are some exceptions. Upon this subject, however, I cannot speak decidedly, as I have never had an opportunity of minutely examining that kind of pustule. The cases to which I allude are those of modified small-pox, particularly as occurring after vaccination. Here we have an inflammation of a more moderate kind, and partaking more of the adhesive character. Lymph is poured out, which gives a peculiar hardness to the pustule, and, as the eruption subsides, a small tubercle is left. The lymph, however, is again absorbed, and the hardness and swelling are gradually removed. If these pustules were examined at any period, I do not think the slough would be found.

The parts around the nipple, particularly in the female, seem to afford the best place for the examination of the structure of the small-pox pustule, as the sebaceous glands

there are more conspicuous than in most other parts of the body. In order to investigate it to the greatest advantage, it should be done at an early period of the eruption, and before the disorganisation of the parts takes place.

If I have succeeded in showing that variola and varicella always attack different structures, I shall have established a fact which will be useful in any further investigation of this subject. If the seat of the small-pox be ascertained to be the sebaceous glands and mucous follicles, something not immaterial is added to our knowledge of the disease: there is a foundation laid for future inquiry.

There are many other points of difference between the variolous and varicellous affections, which are known to those who have considered this subject, and must not be overlooked: but I have been rather desirous to draw the attention to those differences which prove that the two diseases attack different structures.

The minute anatomy of the parts affected has been so neglected, that our knowledge of the progress of the variolous pustule is but imperfect; and this is a result of the importance of that knowledge not being thoroughly understood. The varicellous vesicle is hemispherical and inelastic; it is easily broken, and being once opened it empties itself entirely, and never fills again. The variolous pustule is circular and elastic, and if an opening be made into it and some matter taken from it, the pustule will nevertheless soon be distended as fully as before; and this is evidently a consequence of its cellular structure.

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MIDDLESEX HOSPITAL AND LONDON UNIVERSITY.

*To the Editor of THE LANCET.*

SIR,—I read with much pleasure your leading article on hospital fees, and the exorbitant price pupils are made to pay for "*walking the hospitals*," (there could not have been chosen a better name for it,) at few of which places are clinical lectures ever delivered. I sincerely hope that your efforts may prove successful in restraining the pick-pocket system; but, alas, I fear it is too deeply rooted for even your thunders to uproot it.

It appears from a prospectus just issued by the University of London, that its medical officers have determined it shall not be said that their pupils do not enjoy that best mode of instruction, clinical lectures; and, accordingly, there is the following, at

page 11 of the prospectus: "Surgery and Clinical Surgery, (Professor Bell,) fee, 5*l*.; clinical medicine, (Dr. Watson,) fee, 4*l*." At pages 12 and 13 is the following, on the subject of hospital practice: "The usual terms of admission to the Middlesex Hospital are—Physician's pupil, six months, 10*l*. 10*s*.; twelve months, 15*l*. 15*s*.; perpetual, 22*l*. 1*s*." &c.

"The pupils of the University are to be admitted to the benefit of attendance at the Middlesex Hospital for the following fees:—Medical Practice: Academical session of nine months, 12*l*. 12*s*.; but no certificate is granted without completing the attendance of the year, and PAYING UP THE FEE OF 21*l*."!! &c. Surgical practice the same.

I had hoped that the University was established to benefit the student, not to rob him; but from the above\*, every one must see that it will grind him more even than Bartholomew's or Guy's; for at the latter hospitals they do not make him pay for a longer time than he chooses to enter for, and this is called benefiting the pupil, and is held out as an inducement to him to study there; a great benefit, truly, to be obliged to walk round the wards of the Middlesex three months longer than is required by the worshipful rhubarb vendors, and a still greater benefit to pay 21*l*. for it. I am, Sir, your humble servant and admirer,

AN INTENDING PUPIL OF THE LONDON  
UNIVERSITY.

London, 29th Aug. 1829.

#### ST. BARTHOLOMEW'S SCHOOL.

To the Editor of THE LANCET.

SIR,—Being an old pupil of St. Bartholomew's, and possessing, as I do, the greatest veneration for it, I very naturally feel anxious to render even the most trifling assistance to enable it to keep up its reputation as the first school of anatomy in the metropolis, and to recommend any young men with whom I may be acquainted, to finish their professional education there, considering it, as I do, to possess greater advantages, and as being withal a more extensive field for acquiring a perfect knowledge of their profession, than any other with which I am acquainted. But lately several of my friends have shown a much greater preference to the Borough schools, where they say they obtain an equal fund of information, and, in addition, the great convenience and advantage of a well-selected library and reading room, where, by the payment of a guinea, or some such trifling sum, they can

\* Our correspondent is in error; it is the "regulation" of the hospital, and not of the university.—Ed. L.

at all times gain access, and spend the time that intervenes between the lectures, when they are not engaged in dissecting. It is true there is a library at St. Bartholomew's, but it is only open at stated periods, (if my memory serves me rightly, once a week,) and it does not afford a room for the pupils to read in, which is the great cause of their complaint, many hours must necessarily occur during the winter session, when they are not engaged in dissecting; and then, on a cold day, if their lodgings are not very near, they make their way, perhaps, to the nearest pot-house or billiard-room, and there eke out their time, and for this very obvious reason, that they have no room to sit in. Surely the immense sum paid yearly by the pupils for anatomical lectures and demonstrations, ought to furnish such a necessary convenience as this; and, when once established, how easily would it be kept up by the payment of a guinea from each pupil, which would ensure him the "entrée" as long as he remained at the hospital. I am confident there would be no difficulty in finding members. But let me refrain from dictating to medical teachers, who, I trust, have their own interest, their pupils, and that of the school more at heart, than to allow such a circumstance as I have mentioned to be the cause of their losing a single pupil in the course of the year, for what I have stated I again repeat—that several young men have entered to the Borough schools for this very reason. It is a grievance which requires alteration, and the remedy is a most easy one. I hope, therefore, for the sake of St. Bartholomew's, that this suggestion will not pass unnoticed. I am, Sir, your obedient servant,

A LOOKER-ON.

September 1st, 1829.

#### ANDERSONIAN UNIVERSITY, GLASGOW.

To the Editor of THE LANCET.

SIR,—The interest which you take in every thing connected with medicine, and more especially in that which concerns the improvement of the student, induces me to suppose, that you will not be unwilling to allow the following remarks on the Andersonian University of Glasgow a place in your

This university was, you are probably aware, founded by the late Professor Anderson; but, till last winter, its importance as a place of medical education may be said to have been trifling. During the summer, however, of 1828, a new suite of classrooms were erected in George's street, and on the 4th of the following November, its era as a medical school may be said to have begun. Dr. Ure, on whose fitness for the

office, any eulogium would, of course, be superfluous, began the lectures on chemistry; but, I am sorry to say, that the students who attended him were any thing but satisfied with his instructions. His attendance was irregular, nor did he seem to dwell on the subjects of his course with his usual animation and attention. This conduct was the subject of much regret to the friends of the University, for they were well aware, on the result of its first campaign, its ultimate success in a great measure depended. Notwithstanding this disadvantage, however, and the mean artifices of its elder sister, the University of Glasgow, at this critical moment, in electing Mr. Mackenzie to lecture on diseases of the eye, its success may be said to be decided. This gentleman had been advertised for materia medica; but it was whispered, (with what truth I do not know,) that the professors, viewing their young rival with no small degree of jealousy, determined on detaching one man, at least, of formidable talents, from the ranks of their adversary. Mr. Mackenzie fell into the snare, but has, I should presume, but small reason to congratulate himself on their kindness, unless a class-room, with considerably more benches than students, can form a subject of self-congratulation; with the additional mortification of being sensible, that he is delivering a course of lectures, which, in elegance and practical utility, may probably have been equalled, but never was surpassed. Dr. A. Buchanan was immediately elected to the vacancy, but he wisely resolved on taking six months previous preparation before he began his lectures. This arrangement pleased every one, and even Dr. Millar, I presume, ceased for once to grin at his colleagues in the University; since it reduced the student to the necessity of either wanting materia medica altogether, or of presenting the worthy veteran with the sum of three guineas.

I have been almost led away by these remarks, from the rest of the *dramatis personæ*. Dr. Hunter lectured on anatomy and surgery; and, in addition to a task which you are well aware is fully more than sufficient for any one man to discharge, he likewise undertook to give the demonstrations. What happened may be easily conceived. His lectures on anatomy were, as usual, just what they ought to be; but in giving the surgical lectures, the demonstrative were sufferers to no inconsiderable degree, and in attempting the demonstrative, the surgical were mutilated in their turn. He has fortunately become convinced of his folly, and relinquished the idea of again troubling himself with surgery. A new vacancy, of course, arose, for which Mr. Candlish and Dr. Auchincloss offered themselves as can-

didates. The former was fortunately elected by a considerable majority. I say, fortunately, because Dr. Auchincloss does not, I conceive, possess one single qualification for a lecturer. Of Mr. Candlish, very high expectations are entertained, and his talents and acquirements render him eminently qualified for the situation. Midwifery and medical jurisprudence are entrusted to Dr. Armour, who is decidedly the best lecturer of the whole. Nothing can be conceived more simple and unaffected, and, at the same time, more truly elegant than his lectures. Those on the theory and practice of physic are given by Dr. Hannay. Of this gentleman it is exceedingly difficult to give any opinion; his lectures are the strangest compound of good and bad it is possible to imagine: they are a mixture of all things, and afford a melancholy instance of a mass of valuable information being rendered almost totally useless, by want of method and arrangement. His lectures themselves are tolerably well written, but at every second or third line his manuscript is neglected, and some observation or other is thrust upon the attention of the student, which has not the advantage of being always quite *à-propos* to the subject. If Dr. Hannay could only overcome this habit, we can assure him, that not only would his lectures be better attended, but they would become of extreme utility to the student.

I have thus gone over the medical department of the University, but I may also mention, that lectures on natural history are to be given by Dr. Scrufer. The managers have also advertised for a professor of veterinary surgery, but no one is, as yet, I believe, appointed to fill the situation. It was also at one time contemplated to establish a dispensary for the benefit of the pupils. This was originally proposed to the professors by your correspondent Mr. Carter; and, for a time, there seemed every appearance of the idea being speedily carried into effect. It was even advertised, but some of the surgeons in the town having, it was said, disapproved of the design, the contemplated improvement was, like many others, abandoned. This determination astonished not a few. It would have added much to the value of the University, for the professors would thus have brought their pupils under their own immediate observation, in actual practice, and have had an opportunity of realising their descriptions of ideal disease; which, from the state of clinical instruction in the Royal Infirmary, would have been of immense importance to the student.

I have thus thrown a few remarks together, but before closing my letter, I cannot help alluding to the dissecting-room. Things are here in a deplorable state; not that there

is any want of subjects, for these, during the whole of the last winter, were more than adequate to the demand. It is of the abuse of this precious material that I would speak. The student, unless advanced, may be said to derive small, if any, benefit, from the additional expense he incurs for dissections, by the miserable way in which the subjects are almost uniformly injected, and there being seldom any one present to superintend his proceedings. It is to be hoped Dr. Hunter will attend to this hint. I am, Sir, your most obedient servant,

A PUPIL OF THE ANDERSONIAN  
UNIVERSITY.

Glasgow, Aug. 31, 1829.

ROYAL INFIRMARY, EDINBURGH.

To the Editor of THE LANCET.

SIR,—Permit me through the medium of your valuable journal to suggest to the surgeons of the Royal Infirmary of Edinburgh, a few changes in their system of instruction, which, if adopted, would tend considerably to promote the student's advancement, and procure for the professors a higher character.

First, I would ask, what next to a thorough knowledge of his profession is more desirable in a public teacher, than a disposition and willingness to communicate that knowledge to the students who look for instruction at his hands?—or what is more likely to prevent the acquisition of knowledge on the part of the student, than the absence of these qualities in his teacher? I would ask the chief surgeon in this institution, whether he admits the truth of this proposition, or whether he conceives that harsh and repulsive measures, which usually check zeal, are more likely to qualify the learner for the practice of that science, of which too intimate a knowledge cannot be acquired? I can tell this gentleman, that the former course would be best calculated to secure for him both the respect to which, as a man of talent, he may feel entitled, and the esteem of very many students, which would be of no little value to the proprietor of a private school.

In the next place I would ask, how is it possible for the student to know the alterations of structure produced by disease, if he be not made familiar with them by example? Who that does not think the knowledge of disease may be acquired by intuition, would think of depriving the student of the most valuable of all instruction? It is not, for instance, by directing his attention only to the external appearance of an excised testicle, which has become from disease fir-

mer its natural size, that the student could learn the effects produced by morbid action in this organ. Did ever any one think of teaching a language by directing the learner's attention merely to the cover of the book which contains the rudiments of that language? Why then is it, that at the Royal Infirmary, the student's observation is confined to the cover of the book of Nature? To say more upon this subject is unnecessary. In this Infirmary, the case books are inaccessible to nine-tenths of the class, there being but one book for each ward, and that can only be referred to at appointed hours, and those the most inconvenient to the students generally. This could easily be obviated, by keeping a book of registry for the use of the students, into which all the important cases might be copied by the clerks from their books. Such book might be kept in the clinical lecture-room which is unoccupied, except at visiting time and at lecture hours. At all other hours the students ought to have access to this book.

I feel, Mr. Editor, that I have already trespassed too much upon your time, but I trust the necessity of this case will be a sufficient apology to you, who are ever ready to promote the student's interest in objects of science. I remain, Sir, yours,

A CONSTANT READER.

Edinburgh, Aug. 24th, 1829.

REPLY OF MR. VINES TO "BIG O."

To the Editor of THE LANCET.

SIR,—Concluding, from the editorial note to XX's paper, p. 469, that you did not wish the "vital principle" discussion to be prolonged, until I observed the subject continued in the subsequent Number, I omitted to notice a paper in No. 307 of THE LANCET, of an angry and abusive nature, by Mr. Big O, containing some remarks on my late comments, page 439, on Mr. Thomas's paper on the Organic Materiality of the Mind and Vital Principle. It commences by casting a slur on my "obscurity." Now, Sir, I beg to say that I am not ashamed of my obscurity, as Big O, from the concealment of his name and address, appears to be of his. This garbling writer had better look at home, I think. He extracts the following from my paper — "The blood then of animals, as well as that of plants, (termed sap,) possesses a vital power of forming itself into animal and vegetable bodies, and, at the same time, of supporting the functions of the organic textures to which it belongs," he then calls upon me "to explain," and proceeds to pen a lot of low, cowardly abuse, totally beneath my notice. For Big O's information, I have now given the

necessary foregoing part of the same paragraph, the latter portion of which he has so unfairly selected, at the same time hoping that, with a little more careful consideration, he will be able to comprehend the *simple opinion of a benighted wanderer in the pathless fields of physiology*. In alluding to animal and vegetable bodies, I have observed "that the blood, or sap, of each, occasionally forms itself into separate portions of live animal or vegetable bodies termed *seed* or *semen*, which, from being possessed of similar properties (though in a less degree) to those of the former, through the agents which support life, ultimately become perfect animal and vegetable bodies, possessing the same degree of vitality and organisation as those from which they were originally produced."

I still contend that the blood or sap of animal and vegetable bodies does possess a vital power or property of forming itself into separate portions of animal or vegetable matter, (usually termed *seed* or *semen*), endowed with vitality; and by the aid of the agents which support life, ultimately becomes perfect animal and vegetable bodies, possessing similar vitality and organisation to those from which they originated. As regards my opinion, that the blood supports the functions of the organic textures to which it belongs; this is a fact so well known, I apprehend, to even a commonplace physiologist, as not to require even a single comment. Should my explanation not be deemed sufficiently clear to Big O's comprehension, I beg leave, Sir, to add, with your permission, that I am fully prepared to enter further into, and discuss any of, the opinions I have published, provided my opponents come fairly forward and show themselves, and do not skulk behind Big O's signature, and under other masks, for to no anonymous writer shall I hereafter reply; and as Big O has condescended to advise me in the choice of my publication, I recommend him to return his wit to Grub Street, to be again inserted in JOE MILLER, from whence he has borrowed it. I remain, Sir, your obliged,

Royal Vet. Coll. Aug. 29. R. VINLS.

#### STATE OF THE PROFESSION.

##### To the Editor of THE LANCET.

SIR,—Notwithstanding the boasted zeal and superior knowledge of this "incomparable island," the medical profession, the most important of all professions, is so neglected and abused, that the incomes of regular and qualified men are reduced to nothing, while the laws of their country, or

what ought to be its laws, are infringed upon in every way; and in no department so deeply and grievously as by permitting druggists to give advice, both as surgeons and apothecaries. I could tell you of very many infamous abuses by which human life is endangered and trifled with, but as THE LANCET seems to be the channel from which I am likely to obtain the necessary information, I shall content myself by requesting the favour of you to answer the following queries:

1st, Does any medical act entitle a chemist and druggist to prescribe for patients?

2d, If so, what remedy has the apothecary?

If there is any clause allowing it, then it is perfectly useless to pursue an expensive medical education; in some places, the person is employed in consequence of the lowness of his charges, however ignorant he may be. The druggists proceed upon this principle, therefore they succeed to a certain extent; the regular, well-informed medical man must conform to a certain etiquette that generally exists amongst well-educated and respectable practitioners, consequently he cannot compete with ignorant, uninformed pretenders. I have much to state upon the occasion, but shall wait your answer, before I can state my ideas fully upon this very important subject. I am, Sir, your obedient servant,

MEDICUS.

Schaw, Cambridgeshire, Aug. 29, 1829.

#### STATE OF THE PROFESSION.

##### To the Editor of THE LANCET.

SIR,—As a vast number of complaints have of late reached you, and have kindly been inserted in your very valuable Journal, I trust that you will also, if convenient, insert this. I find that it is useless now to become a member of the Surgeons' College or Apothecaries' Hall; for druggists, or, as they call themselves, chemists, are, at the present day, openly and fearlessly practising as surgeons, extracting teeth, bleeding, &c., and as apothecaries, by prescribing, as well as dispensing, their own prescriptions, &c. Now is not this unjust? One has but to look into your last week's journal, and under the head of "Confessions of a half-ruined man," may be seen the effects of such practices well illustrated.

When I first embarked in the profession, two hundred pounds were paid down for my apprenticeship, and since that I have been at the expense of studying in London for two years, at the end of which time I obtained my diploma from the Apothecaries' Hall. I

am now about to commence practice, and with what delightful prospects! I see physicians disgracefully coniving with druggists, and druggists themselves acting as surgeons and apothecaries; surgeons keeping druggists' shops, and their ignorant shopmen (many never having served even an apprenticeship) visiting patients. If a medical man have more patients than he can attend, he ought to get a qualified person to act for him. These things are enough to make one's hair stand on end on one's head. Yet the College and Hall quietly look on, and shamefully see their members thus trodden under foot. What will our profession soon come to? Surely this cannot last long. How is it to be remedied? Certainly only by the interference of the legislature. Notice must soon be taken, in some way or other, of the great neglect of duty in the College and Hall, ere these evils will be got rid of. I am, Sir, yours,

MEDICUS, OF DOVER.

Dover, Sept. 6th, 1829.

#### CORONER OF THE CITY OF LONDON.

To the Right Honourable the Lord Mayor, Aldermen, and Commons of the City of London, in Common Council assembled:

THE MEMORIAL OF JOHN GORDON SMITH, M.D., &c., *Professor of Medical Jurisprudence in the University of London,*

Sheweth,—That the CORONERSHIP for the City of London and Borough of Southwark being vacant, it appears to your Memorialist that it would be proper to pause before making an appointment to an office from which the public ought to derive extensive advantage, but which has notoriously fallen in estimation, by the manner in which its duties have been discharged in the metropolis, as well as in many parts of the Kingdom:—

That Memorialist, in advancing this assertion, disclaims all intention of casting invidious or unbecoming reflections, and merely repeats an opinion which has been often pronounced in the most authoritative quarters:—

That Memorialist has laboured assiduously, during many years, to draw the attention of the British nation to the importance of medical knowledge, on the part of those who affect to be the best qualified for duties about which they have, in too many instances, shown themselves to possess but a slender degree of intelligence; and in the attempt to discharge which, they have frequently become amenable to the censure of their superiors:—

That it has been generally considered proper, if not essential, to elect or appoint

a member of the *legal profession* to the office in question; and, were it one whose business related merely to matters of form and legal technicality, perhaps a lawyer would be the most suitable person for holding it; but in the vast majority of cases for inquest, under the eye of this functionary, the matter to be investigated, is *the cause of death*, where violence, or mysterious deviation from the ordinary course of that solemn event, is alleged or suspected:—

That there was a time when even medical knowledge was at a lower ebb, with regard to these matters, than it now is; but in the general progress of improvement, great light has been thrown upon this most interesting subject; while medical men have never been excluded from the Coronership by law, and in many parts of the kingdom the office is actually held by such:—

Memorialist is persuaded, that a man of good education and fair abilities, of ordinary acuteness and application, even if not of the legal profession, could make himself speedily acquainted with all requisite forms: whereas, to acquire the science necessary to appreciate the value of medical testimony, must be the study of years, and a study almost, if not entirely, exclusive:—

Memorialist desires to remark, that medical practitioners (especially in populous cities) have various causes for reluctance to seek for this appointment; but that, in his own case, there is an instance of one who, having been long familiar with ordinary medical duties of every description, has brought not merely his own experience, but considerable and even singular research to bear upon the validity and application of medical evidence; and whose especial business it will hereafter be (in consequence of the selection that has fallen upon him to set the example of teaching these) to attend to their practical illustrations:—

Memorialist, therefore, conceiving that the junction of the Coroner's office with that of a Professor of Medical Jurisprudence, would be highly advantageous to the public, respectfully proposes to offer himself as a candidate.

Memorialist refers to certain works, of which he is the author, bearing the following titles: "*The Principles of Forensic Medicine*;" "*An Analysis of Medical Evidence*;" "*The Claims of Forensic Medicine*;" and "*Hints for the Examination of Medical Witnesses*;" while he will be happy to furnish whatever additional information or assistance may be in his power.

And Memorialist, &c.

(Signed) JOHN GORDON SMITH.

The Memorial, of which the above is a copy, was presented and received at the Court of Common Council on Wednesday, Sept. 9th, and was referred to a Committee.

## THE LANCET.

*London, Saturday, September 12, 1829.*

THE Coroner's Inquest has been deemed by the highest legal authorities, one of the noblest and wisest institutions of our forefathers. But a foreigner, unacquainted with English law, would not, we think, be much surprised, after what he may have witnessed during the last three or four years, if he were told, that the Inquest of the Coroner was established for the purpose of stigmatising the characters of the members of the medical profession. If modern inquests have not been held with this view, they are the veriest farces that were ever acted. But if, on the other hand, they have been instituted with this view, the intentions of their promoters have been fulfilled to the very letter. The neveys and noodles of our hospitals occasionally escape. Indeed, the knaves and fools of the profession are the only individuals whose characters escape mutilation in the illiberal atmosphere of the inquest room. General practitioners being, according to Mr. BROWN and his brother NAYS, at the tail of the profession, are invariably, of course, objects of suspicion with the learned Coroner and his sapient jury. But the great men connected with our hospitals, having been elected to their offices in consequence of their exalted professional attainments, are objects of respect, and their evidence, although, in many instances, given with the prevarication and trembling of culprits, is received with an attention, and carries a weight, which but too frequently operate to the exclusion of justice in weak minds. The significant nod of the Coroner, and the servile bow of the jury, denote, that whatever has been done by Sir A. or Sir B. was ingeniously conceived and adroitly executed; but the moment that a general practitioner appears, no matter what may be his talents, or how great his respectability, his escape, without

disgrace, becomes a paradox. If, however, the surgeon happen to be a fool, and string some half-dozen sentences into a report of the most inconceivable foolery, then, perchance, he may obtain a "vote of thanks" from the coroner and jury, for his great erudition and skill. But the greater the fool, the greater the luck. Would matters have remained thus, if the office of coroner had been occupied by gentlemen versed in the science of medicine and surgery? We blame not the present race of coroners. The discrepancies in their courts are not attributable to their want of honesty, but to their want of knowledge. In fact, they are not more capable of presiding at inquests, than they are of practising as physicians and surgeons. If a coroner, who had been educated as a barrister, were to be elevated to the office of judge in the Court of King's Bench, or to the office of Chancellor, what would be said by the thinking part of the public. Would not public decency be shocked by such a translation? Yet nothing is thought of electing pettifogging attorneys into the office of coroner, in which capacity it is their duty to elucidate the intricacies of disease, to expound the peculiarities of morbid anatomy, the effects of pharmaceutical agents and the capital operations of surgery; thus instantaneously converting them into censors of medical and surgical skill. How preposterous! Who values the opinion of a lawyer, in any disease, however trifling? But if the malady have been one of the severest kind, and has terminated life, in a way inexplicable to the relatives, and even to the medical attendants,—who is the Solomon then consulted to explain away all the difficulties? A lawyer, in the shape of a coroner! A man who could not apply a plaster to a sore finger, but who will explain to you the anatomy and physiology of the brain, and the surgical treatment of its various accidents, in three or four brief sentences. Here, also, let us hope for a speedy and effectual reform.

These remarks have been elicited from us, on perusing an account of an inquest recently held at Finchley. The report given in the newspapers was evidently written by a person ignorant of medical matters; it has, therefore, been necessary to introduce a few technical corrections. The profession will agree with us in thinking, that the interrogatories of a medical coroner would have gone more nearly to the root of the catastrophe, than the questions of the presiding officer on this occasion. A medical coroner, we hesitate not to say, would have fixed the brand in its proper place, and left not slander to dully with suspicion and character.

There are many facts connected with this extraordinary transaction, which, in justice to all parties, must yet see the light. These we shall communicate in our next Number. Meanwhile, it is almost unnecessary for us to say, that if any person entertain a doubt of the skill and attention of Dr. Tweedie, or Mr. Snow's assistant, the facts already in our possession, are amply sufficient to remove it. Of Dr. Tweedie's character as a scientific physician, nothing need be said by way of vindication; and from what we have repeatedly heard of the talents and integrity of Mr. Snow, we are certain that he is one of the last men in the world, to retain in his establishment an incompetent assistant.

#### INQUEST ON THE BODY OF MRS. CHARLOTTE PHILLIPS.

This inquiry excited the utmost interest. On the arrival of the coroner the jury were sworn, after which the following evidence was taken.

Mr. Henry Phillips, the husband of the deceased, was first sworn. I am a surveyor, and reside at Finchley; I have been married to the deceased only five months. On Sunday last she complained of slight indisposition, and proposed sending for Mr. Snow, a surgeon, at Highgate, at the time I considered that her illness was more imaginary than real, and endeavoured to persuade her that she did not want a surgeon, but could prescribe for herself, however, in my absence from home in the course of

the day, she sent a young female, who was in the house making dresses for her, for Mr. Snow to attend; that gentleman being in Hertfordshire, Dr. Tweedie attended for him, and called to see my wife; the result of his visit was, that two pills, a draught, and a box of ointment, were sent to her, (the latter was subsequently ascertained to have been left in mistake, although used by Mrs. Phillips); the direction was "The pills to be taken at bed-time, and the draught in the morning." The orders were strictly adhered to by my wife; on Wednesday a mixture was sent, directing that three table-spoonful were to be taken three times a day. On Thursday, Dr. Tweedie called again, and on questioning Mrs. Phillips, said he would alter the medicine; in the evening another mixture came, with the same direction, viz. three table spoonful to be taken three times a day. On Friday morning I left home early, having business to transact at Barnet; at this time, my lamented wife appeared quite well, and rose between seven and eight o'clock. On my return, about eleven o'clock at night, I was informed by my brother and sister-in-law, who were continuing in the house, that Mrs. Phillips had been very unwell, and had retired to her chamber some time, being so very much oppressed with drowsiness. I understood, at this time, that Mr. Hammond, a surgeon, residing at Whetstone, had been sent for; but, being from home, his assistant came, who, on seeing Mrs. Phillips, said that the drowsiness was produced by the mixture she had taken, and that she would be better in the morning, if she was not disturbed. In consequence of this, I felt more composed, and went to bed, at which time my wife appeared in a sound sleep; I did not disturb her. On awakening in the morning, I laid hold of her hand and said, "Charlotte, how do you feel yourself?" No reply was made. On looking in her face, I was amazed and shocked at discovering her apparently a corpse: I instantly got up, and dispatched messengers to Dr. Tweedie and Mr. Hammond. This was about eight o'clock. Mr. Hammond arrived before nine o'clock. Mr. Bisset, another surgeon, also came promptly. Mr. Hammond examined the last mixture that came, and said that it was chiefly composed of laudanum, and that no doubt Mrs. Phillips's death was caused by her taking an over-dose of the mixture. Although I repeatedly sent for Dr. Tweedie,\* he did not arrive until near five o'clock in the afternoon. Mr. Hammond's assistant attributed her death to the mixture which she had taken, nearly

\* We understand that Dr. Tweedie received no message whatever from Mr. Phillips.—Ed. L.

two-thirds being laudanum. Dr. Tweedie asked to look at the mixture last sent; on tasting it, he said that it was not composed according to his prescription for Mrs. Phillips. Dr. Tweedie expressed a wish to take the mixture away, for the purpose of ascertaining its composition; but I objected to his taking all. The prescription was made up by Mr. Snow's assistant.

By the Jury: I am convinced my wife had no intention of laying violent hands upon herself; she was particularly tenacious of her health; she was not in the habit of taking laudanum medicinally.

Alexander Tweedie, M.D., of No. 40, Ely-place, Holborn: On Tuesday last I was at Mr. Snow's house, at Highgate, when a very pressing message came for Mr. Snow to attend Mrs. Phillips; he being from home, Mrs. S. begged me to go, which I did; I found Mrs. Phillips labouring under the effects of disordered bowels; there were also a deal of nervous irritability and tightness; on my return to Mr. Snow's I wrote a prescription for her, which, I believe, was made up by Mr. Hill, the assistant; I saw Mrs. Phillips on the Thursday, and was induced to make out a second prescription: \* [The mixture which was alleged to have been sent on the Thursday was here produced and examined by Dr. Tweedie, who said that it contained a large proportion of laudanum, and decidedly was not prepared from his last prescription; there was no portion of laudanum in the composition of either of the prescriptions.] The doctor continued his evidence as follows:—I cannot speak as to the making up of the prescriptions, or the mode of conveyance; I have opened the body of the deceased; the brain was more vascular than usual; the blood-vessels of the membranes were turgid with blood, and there was a slight milky effusion; in the chest nothing morbid was found; the external, or peritoneal, coat of the stomach was inflamed in patches; the intestines were sound. From the circumstances of the case, and the symptoms de-

tailed to me by Mr. Hammond's assistant, when he visited her, I am of opinion that the death of the deceased was occasioned by her having taken laudanum.

By the Coroner: I am of opinion that three table spoonfuls of the mixture now produced, purporting to have come from Mr. Snow's, and said to have been prepared from my prescription, taken three times a day, would account for the deceased's dissolution. I did not detect, on opening the body, any vestige of laudanum in the bowels; it may be taken in the largest quantities, and yet not detected in the system, after the digestion of the aliment.

Mr. Phillips put a vast number of questions to Dr. Tweedie, which he answered to the apparent satisfaction of the Jury.

Mr. Swan Hill, assistant to Mr. Snow, surgeon, of Highgate, examined: I prepared Dr. Tweedie's two prescriptions for Mrs. Phillips; there was no laudanum in either of them; I entered them in the day-book; I enclosed a label with the bottles, which were wrapped in paper; proper directions were conveyed with the medicine; the first medicines I sent by the postman; the last bottle of mixture was fetched by Mr. Phillips's servant boy.

By the Coroner: I am twenty-five years of age, and served five years' apprenticeship to a surgeon-apothecary; I have been in the habit of compounding medicines since my apprenticeship, which is now upwards of eight years.

By Mr. Phillips: The ingredients composing the medicines made from Dr. Tweedie's prescriptions for Mrs. Phillips, consisted of bark and leaves; there are no bottles of laudanum on the table in the shop. I made up other prescriptions on the Thursday besides Dr. Tweedie's.

The Coroner observed, that it was a most mysterious affair—how such a deadly mixture, as was contained in the last bottle sent to Mrs. Phillips, could have left the shop of Mr. Snow he was at a loss to imagine; the young man Hill seemed initiated in the situation he filled, consequently it was not to be inferred that he had made so gross a mistake in compounding it; on the other hand, the bottle had never gone out of the possession of the boy who fetched it from the shop, until it reached the hands of Mrs. Phillips; it certainly was a most extraordinary affair—there was one thing beyond all doubt, that was, that the unfortunate lady had been deprived of existence by taking the contents of the bottle which was sent from the shop of Mr. Snow, on the Thursday; he (the Coroner), however, would leave the case in the hands of the Jury.

By the wish of Mr. Phillips, several of the friends of Mrs. Phillips were examined, to prove, beyond a doubt, her sanity;

\* The following is a translated copy of Dr. Tweedie's prescription, produced at the Coroner's Inquest.

*Culomet*, two grains;  
Compound extract of *colocynth*, or bitter  
apple, eight grains;  
Oil of *caraway seeds*, two drops  
Form into two pills, to be taken at bed-time.

*Infusion of cascarrilla bark*, two ounces;  
*Infusion of senna*, three ounces;  
*Manna*, half an ounce;  
Compound tincture of *gentian*, one ounce;  
Three table spoonfuls of this mixture to be  
taken three times a day. A. T.  
For Mrs. Phillips, 3d Sept. 1879.

also that she lived on the happiest terms with her husband, and was most careful of her health.

The Jury having heard the whole of the evidence, consulted a short time, and then returned a verdict—"That the deceased's death was occasioned by an over dose of laudanum, taken medicinally."

The inquest terminated at two o'clock yesterday morning, having lasted ten hours.

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*Management and Diseases of Infants, under the Influence of the Climate of India; being Instructions to Mothers and Parents, in Situations where Medical Aid is not to be obtained, and a Guide to Medical Men, unexperienced in the Nursery and the Treatment of Tropical Infantile Disease. Illustrated by coloured Plates. By FRIDRICK CORBYN, Esq., Surgeon on the Bengal Establishment; and Author of a Treatise on the late Epidemic Cholera and Paraty Fever, M.R.C.S.L. Calcutta; Thacker and Co. Royal 8vo. pp. 168. 1826.*

THAT the features of disease are materially modified by climate, is a principle universally admitted; yet colonial surgeons, however well convinced they may be of the truth of that principle, have seldom been induced to favour the world with the results of their professional experience connected with it. A complete treatise on the circle of diseases which prevail in any province or dependency of the British empire, is not to be met with. Occasional essays on some of the diseases of tropical climates are the only hand-books which the young practitioner possesses in the outset of his arduous career. These, too, have generally been written by naval surgeons, the errant nature of whose duty precludes most of them from acquiring a thorough knowledge of the influence of climate upon resident constitutions; the book of Jeremy Johnstone, the "marine" surgeon and Aberdeen Dub, is an illustration in point. In no part of our dominions has this want been more severely felt than in Hindustan. The young surgeon, however well primed with "sound surgical" and "pure medical" aphorisms in the schools of the metropolis, finds himself there, completely at fault, and has to commence and pursue his professional

duties unaided by the experience of his predecessors, and without any guide on which he can, with confidence, rely.

Mr. Corbyn, the author of the work before us, has the merit of having made the first effort to dispel the obscurity in which a certain class of maladies, incident to our Asiatic dominions, have been involved. He has succeeded, to a certain extent, in supplying our deficiencies in one department.

The object of his treatise is twofold; first, to supply to the inexperienced practitioner an accurate account of the infantile diseases of India; and, secondly, to furnish mothers, whilst out of the reach of medical aid, with a safe guide in the management of their offspring. In the attempt to combine these two purposes, Mr. Corbyn has rendered his work too bulky and expensive. The useful truisms, which it is necessary to teach female readers, become mere trash in a work destined, in great measure, for medical men; and the technical phraseology inevitably employed in professional works, must be incomprehensible to the generality of mothers and nurses.

After developing the purport of his work, the author divides his subject into four parts. He treats, first of the management of children before and after birth; then of the diseases of children; thirdly, of the cure of the diseases of children; and, lastly, of the prevention of diseases in children. We name the curtain on the following view:—

"The mortality which has been, and continues to be, so lamentably great among infants in India, may, in a very great degree, be traced to the peculiar situation, in which young mothers are placed in different parts of the country. Marrying, as it often happens, a few months after their arrival from Europe, and not unfrequently at an early age, they have the important office of a mother to discharge, with all its anxieties and cares, where advice, from the experienced of their own sex, cannot be obtained, and often in those parts of the country, where both medical assistance and female acquaintance are alike absent. It must be conceded, that there has been no subject more neglected than that of the diseases of infants; while no one in the medical department has had superior claims upon particular attention. The foundation of a good or bad constitution is laid in infancy, and in either respect depends almost wholly upon the management pursued in the nursery. Every lady, therefore, in India, should

make it a matter of serious consideration, to endeavour to acquaint herself with a proper method of managing her offspring during their years of infancy, and thus become as much as possible independent of advice and consultation with others.

"It is a fact, the evil consequences of which are sufficiently obvious, that the management of children is not made a branch of a young female's education; indeed, mothers seem to keep their daughters entirely excluded from attention to the administration of the nursery, and the knowledge of a mother's important duties. The expediency of such instruction to young females, whose destiny is for India, is so apparent, and the neglect of it, especially where scarcely any information whatever can be derived from any source, is so replete with danger, that the consideration of it was the occasion of my having first taken upon myself the duty of contributing, according to my ability, towards the supply of what is so obviously important for qualifying them to fill the sphere of domestic life."

The author then pursues his subject with considerable garrulity and quaintness, which, if not altogether unentertaining, at any rate prevents us from saying much in commendation of his style. It is prolix to a degree, and at times would not ill become a priestess of *Lucina*, though, on other occasions, it is ambitious and sanctimonious enough for the effusions of the most ascetic worshipper of *Vishnu*, or of *Buddhu*.

"The treatment of children before their birth, may appear a novel subject, but it cannot be considered as unimportant. It would, perhaps, have been fortunate for many, if the learned disquisitions on the progress of gestation, which have been written and studied with the deepest interest by the physiological and scientific part of the medical profession, had been brought more generally under the particular attention of mothers, and applied by them to the practical purposes which they are designed to subserve; for, so far as my own experience and observation extend, I do not hesitate to declare it to be my opinion, that as many deaths occur among children, in consequence of mismanagement before parturition, as from other causes after that event. In India, it is not unusual for young ladies to marry a few months after they land, and to be liberated at once, at least ordinarily, from great restraint. They are united in the bonds of wedlock, frequently at the age of 16 or 17; indeed, I know several instances of marriage at 14 years of age. No wonder, therefore, that they are often helpless, and in great distress, in one

of the most important and serious moments of their lives, at a period too when the vivacity of youth is not prepared for the grave performance of maternal duties. Attention to the following system, will guard such young mothers against the danger to which they are too often exposed.

"It is customary, on marriage, for a bride to be ushered into all the gaiety her friends can promote on the happy occasion. Balls, and every species of active exercise which tend to enliven the change, ensue: there is little thought, however, that the most serious consequences are probably taking place in the womb during these first months after marriage. The suppression of the usual discharges is the sign of conception: then a change takes place in the whole constitution.

"Signs of pregnancy will now be established: one of the most prominent is, the stomach often rejects both breakfast and dinner. This sickness is generally sudden in accession, so that there is scarcely time to quit the room. A confined state of the bowels is commonly complained of, but gentle doses of castor oil only will be necessary. The child is now completely formed. A sensation will be occasionally felt in the womb, like the snapping of the fingers: this is the movement of the child. Experienced mothers understand this feeling so well, that they frequently calculate the time of gestation by it; while other persons seldom observe the event, believing it to be merely a slight gripping pain, or a gentle spasm. It will be necessary to discontinue stays, and remove every pressure, as the action of the child in the womb must be without restraint, otherwise the just proportion, and especially the health of the infant, will be materially endangered after birth. Poor women, who seldom accustom themselves to the wearing of stays, have usually the stoutest and the finest infants, and suffer much less inconvenience during pregnancy: with them, indeed, it is in general the most healthy period of their lives. The movement of the child above alluded to, is termed by mothers 'quickening.' It is a delicate period, and the whole constitution sympathizes during this, as well as the preceding months. Ladies ought to keep themselves perfectly quiet; and jumping in or out of a carriage or buggy, running down or up steps, skipping, riding on horseback, are to be avoided as dangerous. Disregard to this advice may subject the pregnant to a miscarriage, which unfortunately having once occurred, often recurs, and becomes habitual; and not only makes the lives of those who are fond of infants extremely desponding, but destroys the constitution.

"The womb enlarges the fifth and sixth months. Heat in the palms of the hands,

flushes about the face, heartburn, and a sense of weight over the eyes, are symptoms which are sometimes experienced. Should the bowels require it, two table-spoonfuls of magnesia should now be taken in a small wine glass of water, and the dose be repeated every three or four days. In case the magnesia fails to operate snugly, two table-spoonfuls of Epsom salts may be advisable. Perfect quietness is necessary, and over-exertion is dangerous, especially such as pulling out heavy drawers, reaching at high almiras, or stooping to lift weights from the ground. Care must be taken not to lean so as to rest the stomach upon a table when writing, drawing, &c. Avoid late hours; be careful not to eat food of an indigestible nature, nor to take too much at once: the best diet is fowl, lamb, mutton, and light pudding. One or two glasses of cherry, or a long beer glass\* of Hodgson's pale ale, will be quite sufficient for the daily beverage."

In the 7th and 8th months of pregnancy, fluor albus occasionally appears, but unless the flow be very copious, it need not be interfered with. The heartburn, if annoying, is remedied by magnesia and an abstemious regimen. The womb increases to a large size; swelling of the legs, distention of stomach, difficulty of breathing, tension and pain around the nipples, take place. In the 9th month, great inconvenience is experienced in lying upon the side; the body and head should be raised with pillows. If the nipples be much inflamed and swelled, a bread and milk poultice is recommended.

"It is the custom in India for ladies to be solely confined by native women, or the wives of European soldiers. The former are the most superstitious people in the world, and the first preparation made by one of them for her important office is incantation, and offerings to some heathen god. Her mode of proceeding is the most rough and inhuman conceivable. Although the all-wise Creator so formed all the sex, that travail should be attended with pain, yet the delivery is entirely the work of his almighty hands; or how is it that the wives of European soldiers on a march, on the road side often deliver themselves? I was informed by an European servant whom I employed to nurse a lady not long since, . . . she had delivered herself; with her own hands cut the navel-string; and that she did not experience the least ill effects from so doing. What made it the more remarkable was,

\* What is known in India by the name of a *lambd peald*.

that this woman had very delicate health. The native women of India often deliver themselves. Females of barbarous nations have no assistance; and until proof can be given, that all are not formed alike, we must not take from the mercy and wisdom evinced by the Creator. Accidents, however, do occur sometimes, as well as malformations, which require the aid of art. In the first instance, the aid of native women is scarcely necessary, except to tie and cut the navel-string; in the second instance they are thrown into despair, and will attempt nothing, as they know nothing. The latter class of persons being usually the wives of private Europeans, what can they know! They have, in fact, the same superstition, only in another way; they have their signs, omens, and warnings, before confinement, and commence a detail of wonderful and dangerous cases, the visionary phantoms of their own imaginations."

The following remarks are worthy the attention of those whom they most concern:—

"To detail the minutiae of delivery is not the intention of this work. The author recommends all ladies to be near medical aid during confinement, and would strongly advise their soliciting the attendance of a medical gentleman. In this case, ladies will find themselves attended by those who have devoted a cultivated mind to the study of such cases, and made it a branch of science and professional education. Their manners are generally mild and gentle; they observe every proper delicacy and reserve. The infant is preserved from receiving injury, and a mother may repose herself in such hands with perfect confidence and safety. Many, I am aware, advance only one objection; but that casts a slur upon their own parents, and upon almost every lady in Britain, where females are almost invariably attended by medical men. Were I asked, however, would it not be better that this should be a female's occupation? my answer would decidedly be in the affirmative; but until a respectable, well educated class of females are brought up exclusively to it as a profession, and in a school for that purpose, undergo an examination by a college of professors, receive certificates of their proficiency from that college, and by act of parliament are thus permitted to . . . am decidedly of opinion, the em- . . . women will always be replete with danger, both to the mother and to the child. To allude to the diseases of females would be foreign to the object of this work; yet I might mention instances of great danger which have fallen under my own observation, from the ignorance of native women. I was once called to a lady who had been three days in confinement. The husband

wished me to make the woman who was attending on the lady the channel of communication; but I urged the necessity of a personal interview, which being complied with, I found the lady in a very dangerous state, arising from the ignorance of this woman, who had broken what is called the waters, by unnecessary interference. This rendered the lady's delivery out of the reach of nature, she being quite exhausted by having adhered to the directions of this ignorant woman. *Indeed, most mothers in India are diseased more or less in the womb, and very many are inverted, from the violent measures in use by these uninstructed persons.* On being consulted by a gentleman in India on a case of serious uterine affection, he candidly told me, that his lady was *compelled* at one time to be attended by a medical gentleman in confinement, who took that opportunity of putting her womb right; but being subsequently delivered by a native female, a second displacement was the consequence."

After some very obvious reasoning on the propriety of maternal suckling, the author proceeds:—

"But let us inquire who are these deputies in India? They are native women! Persons, who generally eat opium, and smoke a poisonous narcotic, called *bhang*; who will promise to abide solely and wholly by the food given to them from their mistress's table, or to that which is prepared by the lady's cook; but will obtain, by an insidious contrivance, garlic, ghee, &c., and partake of the most sour and acrid vegetables; all of which the poor little infant sucks to a certain degree in the milk. I have witnessed the most painful scenes of chicanery in the native nurses or *dhyes* in India. Their first object is to make money; their own comfort is paramount; and ingratitude is invariably expressed. I have known ladies bestow on them repeated presents of clothes and money, to induce them to be kind to their infants, but without avail; kindness, in fact, seemed to induce, in many of them, impudence and threats, for the purpose of exaction. On one melancholy occasion, I was called out to see a lady's *dhye*, who was taken ill; indeed, she was supposed to be dying of the cholera. When I arrived, I found the woman in a state of inebriation. She was nurse to a lovely infant, who was taken suddenly ill on the following morning, and died a few hours after. It would be painful to dwell on the effect felt by the afflicted parents. But this, perhaps, is not a single case of the kind. It is also true, as I have been repeatedly told by mothers, that the *dhyes* have no milk; in one instance, it occurred in a fine healthy young woman. They have,

in fact, an extraordinary power of *drawing back the suck*, and producing it at pleasure, a trick most probably practised in order to alarm and excite the anxiety of the parents, with a view of promoting their pecuniary objects. Among other strange circumstances, I remember being told by a lady, who had lost many children, that she had come to a determination not to nurse again, as she ascribed the death of her dear infants to her own milk. The lady was particularly healthy and stout. I therefore strongly remonstrated against such an erroneous conclusion. The *dhye* who had been entertained, appeared to be all that could be desired; but no sooner was the child born, than every artful trick began to be played off; and the lady was compelled, against her own wish, to nurse. Her infant thrived, and became exceedingly stout and healthy. Those who understand medicine, and the character and nature of milk, will confirm the assertion, that the milk of the mother, when a child is first born, is quite different to that at any other period; in short the first milk is quite medicinal, and has an extraordinary influence on the infant's constitution, which is one of the most important points always to bear in mind: so that if a lady determine not to nurse, she ought at least, for the first ten or twelve days, to give this medicinal nourishment. Among other instances of the sophistry found in this class of natives, I have been informed that it is customary among them to give opium to infants, when they are restless and troublesome at night. As the danger arising from the bad conduct of *dhyes* is so great, I trust that ladies in India will see the necessity of nursing their own children. It is often the case, that becoming a nurse will strengthen that constitution which was previously weakly; and if attention be paid to light bandaging, and to bracing the stays well up after confinement, it will be found that the elegance of figure will not be injured. I know a lady, who, several months after her confinement, omitted wearing stays. She, of course, found herself losing shape; but on resuming them, she recovered her former figure. There are, it is true, some instances in which nursing is not admissible; but in ordinary cases, where there is ever so little milk, I would rather give that little, than incur the danger arising from native nurses."

Few of our author's topics will better afford amplification than the following. The argument which it embraces, however, did not require to be preceded by the "must." It is the impression that "we must remember" the delicacy of the *European* constitution of females, when deciding upon the question at issue, that has occasioned

the "strange delusion" complained of. The author expresses his opinion in a very honest way. "Hodgson's pale" is no bad medicine, though the Calcutta pharmacopœia does not contain any such preparation.

"We must remember, that European ladies in India are not in that climate in which they were born, and where the constitution is braced and strengthened; but in one which, from excessive heat, is unhealthy and debilitating. From this consideration, the incompetency of European ladies to nurse their own infants has been deduced: this deduction having the show of reason in its favour, has been established, so that medical men, as well as experienced females, have held it as an uncontroverted opinion; and no doubt it will be strongly advocated and supported against any thing I can say. Against this array drawn up before me, I contend not with a view of certain triumph, because, however strong my ground, I may not succeed. I myself was once under the sway of this strange delusion, and held all the opinions to be contrary to good sense, which some of our fair countrywomen advocated in support of ladies nursing their own children in India; and, in fact, urged in the strongest terms the indispensable necessity of native *dhyas*. Little did I think my own conclusion so erroneous, till I fortunately found it opposed by actual experience, and discovered that ladies of feeble constitution, on nursing, in many instances actually gained strength. It must be granted, however, that it is the general belief that native women are the best nurses, in comparison with European ladies; but it is but fair to inquire on what grounds? Is it because they are stronger,—because their food is richer and better,—because they have richer and purer blood flowing in their veins?—because they will partake of the appropriate food, and abide by all necessary instructions as to diet?—because they have more affection and loving feeling towards the child? May we not negative such conclusions, and confidently assert, that the argument is against native nurses? One European will almost overpower, by his innate superior strength, four native men. and may we not assert, that the same proportion of comparative strength belongs to the other sex, begging my fair readers' pardon for making such a simile; but any simile will be acceptable, I trust, in making our argument tenable. As the European is of stronger members than the native, so likewise is the milk of the former stronger and finer than that of the latter. How many poor dear babes are heard screaming and crying, their peevishness being frequently ascribed to sickness or irritability in the bowels, when, in all probability, it arises

solely from hunger, not receiving any substantial nourishment in the poor and watery milk of a native woman."

Mr. Corbyn's observations on the diet of wet-nurses are valuable to the juvenile practitioners in India.

"The first day after that of confinement, soup must be taken, made very strong, of lamb, mutton, or beef. Fat should be removed from the meat when it is put into the saucepan, as it only makes the soup oily, and never adds to nourishment: on the contrary, no sooner does it reach the stomach, than it not unfrequently changes to an acrid acid, which will invariably affect the milk. A basin of this, twice a day, may be taken. On the second day, soojee, barley, or oatmeal porridge, is advisable for breakfast, and during the day, soup as before, with two long beer glasses of pale ale, and a strong decoction of bruised barley, which has a delightful effect generally upon an infant's bowels, keeping them perfectly regular. Besides, it is a very pleasant drink, always procurable, and supports the strength in an astonishing manner. The mother, after confinement, if all has gone on well, ought to be on a couch in three days, and out in six; as lying in bed is extremely weakening, without any purpose being gained. There are some in India, who quit their beds on the second day, but this I think is far from being proper. I know a lady who has had six children, and who told me it was customary with her to dress herself immediately after confinement, and sit up the second day: which system she had adopted from the birth of her first child. These experiments, and therefore cannot be recommended. At the same time, however, the old rule of confining a lady to her bed nine days, in a warm climate, is not only debilitating for the time, but may be the means of retarding a proper secretion of milk afterwards. The milk does not generally flow in the breast until the third day, so that it will be necessary to give the child two or three tea-spoonfuls of the barley beverage; at four in the morning, at mid-day, and in the evening. The infant is to be put continually to the breast, as the drawing hastens the coming of the milk, and a neglect of this rule sometimes prevents the secretion altogether. As soon, however, as the mother is up, to eat fish and rice for breakfast is advisable, or soojee with eggs, together with such food as lamb, mutton, beef, curry, and rice, for dinner, with a bottle of Hodgson's pale ale. In the evening, tea and toast may be sufficient. The beverage alluded to, however, is to be included. Rising early every morning, and taking a drive out in a buggy or carriage, is undeniably of the first importance: the fresh

air is the true restorative in India, and a great stomachic, exciting to a hearty breakfast; while sleeping in bed has the most enervating effect imaginable on the constitution. It is the only period in the hot weather, when the air is cool and light, and the hour when it can be enjoyed: notwithstanding this well known fact, it is a novelty in the east, to see ladies taking morning exercise. I have been frequently told by them, it did not agree with their 'peculiarity of constitution.' The fact is, I presume, no real trial was ever given. Apathy and inaptitude to exertion, arising from the climate, have the greatest influence in swaying the mind against a habit so beneficial; which is to be lamented, as ladies would enjoy their regular rest, and good health, if they changed this system. The ordinary complaint they make to medical men, is the impossibility they experience to sleep at night; owing, beyond dispute, to two things; first, they sleep in the day; and second, they never rise early in the morning. Let them avoid one, and do the other, and the case, I may safely say, will be materially altered. Tone will be imparted to the stomach, the body will become braced, and the mind exhilarated, as never failing consequences; indeed, the whole constitution will experience a renovating effect. To go to bed early, is another point to be urged as indispensable in a nurse, rest being decidedly requisite for the formation of milk; and those who are desirous of becoming real good nurses, must forego all parties and gay society, for family retirement and domestic serenity—a hard and a terrible restriction it must be granted on the lively, gay, and spirited young lady! But how soon the fascinating prospect of a gay ball, the enchanting hope of a masquerade, the pleasing anticipation of the fancy play, will be found to be vain delusion and empty joy, in comparison with the charms of the playful caresses of a lovely offspring, the enjoyment of health, a fond and affectionate partner, and a peaceful, happy dwelling."

This is not so bad. It is not every lady in India, however, who is so fortunate as to possess these strong temptations to domestic life. We shall afford ourselves a few more extracts next week.

#### BARON HEURTELLOUP'S FIRST LITHOTOMIC OPERATION IN ENGLAND.

MR. C. WATTIE, æt. 64, a short stout man, of plethoric habit, was attacked, twelve months since, with a pain across the lumbar region, affecting also the bladder and glans

penis, and conveying to the patient the sensation of a tight ligature round the root of the yard. He has occasionally experienced great difficulty in passing his urine, and has been subject for some years to gout in the lower extremities. His mode of life has generally been temperate. About three months back, the disease having attained great severity, he was induced to apply to Mr. White, of the Westminster Hospital, for relief. His sufferings were extremely acute, and, on passing a sound, Mr. White discovered a hard calculus, about as large as an olive, the presence of which could be distinctly ascertained, both by the patient and operator.

Mr. White adopted a course of medicine, from which the patient experienced considerable relief.

July 19. The Baron Heurteloup saw the patient this day, and having injected the bladder with warm water, by an instrument acting both as a catheter and a sound, (described in *THE LANCET* of 1st August,) immediately found a stone behind the cervix vesicæ, with its surface considerably softened by the *supposed* action of the medicine, which the Baron requested might be discontinued till Wednesday.

22. The patient feeling in a weak state, and having pain in the urethra, it was thought advisable to postpone any operation for his relief until the following Friday.

24. The patient being stronger this day, and having mentally prepared himself for the operation, at which several surgeons were present, he was placed on the bed described in No. 309 of *THE LANCET*, in nearly the same position as for the lateral section. The bladder being injected, the "*instrument à trois branches, avec un foret simple*," was introduced by Baron Heurteloup, and fixed on the iron fulcrum already described; the calculus was at once seized, and with great facility; the drill-bow was then applied, and the stone broken in a few seconds; the fragments were afterwards seized *seriatim*, and crushed. The instrument was now withdrawn, and a quantity of small fragments was brought out, in the stream of water which followed. The bladder was then again injected, and its contents a second time expelled. The patient suffered but little pain from the operation, and warmly expressed his gratitude for the relief it had afforded him. He was ordered to keep in bed, and to indulge in mucilaginous drinks.

31. For the first three days after the operation, nothing but urine, mingled with mucus, was ejected from the bladder. During the last four days several small fragments have escaped. The Baron considering the patient to be in a fit state for the continuance of the operation, and having taken the preliminary steps towards it, again

introduced the three-branched instrument of La Roy, seized all the remaining fragments and reduced them to powder.

The third "*stance*" has since taken place, in which one particle of stone only was discovered; it was immediately destroyed. On a fourth examination, the bladder was found to be perfectly free from foreign substance. The vesical catarrh, painful micturition, and all other unpleasant symptoms, have entirely disappeared. The patient, at present, is perfectly well.

#### ADVICE FOR THE PREVENTION OF FEVER IN IRELAND.

To the Editor of THE LANCET.

SIR,—Observing at page 657 of THE LANCET, a few simple and excellent rules recommended at the London Fever Hospital to be adopted to prevent contagion, I take the liberty of enclosing you some rules of a similar nature with which I have lately met, issued a few months since from a fever hospital in Ireland. You will not only render a service in Ireland, where your Journal circulates very widely, by republishing them, but you will both amuse and instruct many of your readers in this country, by the insight which this "advice" thus unpremeditatedly affords them, into the degraded state of the lower class of people of that country. We may readily judge what must be the state of health in those neighbourhoods in which it is necessary to advise the people "to scrape their floors with a spade, and sweep them every day." Houses without windows and chimneys, floors matted with dung, spades instead of brooms, straw beds, and foulness of all kinds, seem the common characteristics of that unfortunate country. Well might Dr. Stoker, in speaking of its poorer classes in his report, have said that "Their habitations were ruinous, and their apartments (into each of which numbers crowded, in order to lessen expense, by dividing the cost of rent and taxes) became so many laboratories of noxious vapours, sometimes more like the neglected cemeteries of the dead, than habitations of the living."

I am, Sir, your obedient servant,  
London, Sept. 5. G. I.

"Advice to prevent Fever.

"Nisi utilis est quod fecimus, stulta est Gloria"—  
Phaedrus.

No. 1.—Let your doors and windows be kept open in the day; if you have not a window in the back part of your house,

make one; have them so hung as to be easily opened; have a chimney with a good draught, so as to encourage a free current of air through your house.

No. 2.—Remove dung and putrid matter of every kind, from before and behind your houses, as the vapour and smell proceeding from them, (called malaria,) have been found by physicians to generate infectious fever.

No. 3.—Scrape your floors with a spade, and sweep them every day; also the yards before and behind your houses as often as you can; keep your hair cut short, and comb it every day; wash your hands and face, keep your clothes, furniture, and utensils, sweet and clean.

No. 4.—Don't go into any house where a person is sick, or has been ill of fever; don't attend the wake of any person who has died of fever; if you do you will be infected yourself, and will communicate fever to your family.

No. 5.—Don't let strolling beggars enter your houses, as they frequently carry infection from one house to another.

No. 6.—Whitewash your walls, inside and outside, with lime slacked in the house, and while it continues hot and bubbling; let this be done once a month while fever is prevalent.

No. 7.—If fever attacks your family, as soon as the calamity is removed by recovery, or by death, employ the above means as soon as possible, burn the straw of the beds; put all the clothes of the house into cold water, wring them out and wash them in hot water, soap, and pot-ashes; let every box, drawer, chest, &c., be emptied and washed, and let the floor under the patient's bed be strewn with lime fresh slacked and hot. Let no person upon recovery go into a neighbour's house, nor into any public place of worship, for fourteen days.

No. 8.—Remember!! that cleanliness and good air will improve your health and strength, will check disease, and under God will preserve you from all the variety of wretchedness and misery occasioned by infectious fever.

Vally House.

NOTE.—Heads of families are strongly recommended to have a printed copy of this advice posted up in their houses, and to enforce a strict observance of its instructions.

The gentry are advised only to give employment to such persons as carefully attend to the rules therein contained.

A strict adherence to this plan constitutes the sole means for removing the principal cause which generates typhus fever in Ireland, viz. the fetid smell (called "malaria") exhaled from vegetable and other substances in a state of putrid fermentation.

It is reasonable to hope, that every other

cause will be eradicated by comfortable clothing, wholesome food, and good lodgings, which comforts can only be obtained through the medium of constant employment given to the poor."

## ST. THOMAS'S HOSPITAL.

### POISONING WITH OPIUM.

SALLY BLAKE, aged 40, a married woman, living in the Borough, was brought to the hospital by her brother, accompanied by a medical man, on Tuesday, August 11, between eleven and twelve at night, labouring under the effects of a large dose of opium, which she had taken with intent to destroy life. Previous to her admission into the hospital, sulphate of zinc had been administered by the medical attendant as an antidote, which had produced vomiting, and she was still under the influence of its emetic properties. It was thought advisable, however, to employ the stomach-pump, and some warm water was accordingly injected into the stomach by Mr. Staple, (one of the apothecary's apprentices,) but it was quickly vomited again. In consequence of the tendency to a state of lethargy, which there was great difficulty in overcoming, she was hurried about the square of the hospital, and annoyed by irritating words, (the latter having been found the better method of overcoming her stupor,) by which means the effects of the drug were, in a great measure, prevented. After persisting in these means for nearly four hours, the patient was taken to her bed in Queen's Ward, No. 13, where she was attended by the night nurse, and one of the female patients; several table-spoonsful of lemon juice were given after the stomach had been thoroughly cleansed, and repeated doses of house physic taken during the morning.

12. The patient states, on her further recovery, that the ill-treatment of her husband and son-in-law had caused her to attempt self-destruction, for which purpose she had swallowed twelve pennyworth of liquid opium, which she obtained in small quantities at different druggists. The symptoms she now complains of, are sickness at the stomach, with almost incessant vomiting; the fluid ejected, of a brownish colour, and emitting a sour smell; excessive pain in the head, and a tremulous motion of the whole body; pupils contracted, fixed; pulse 82, full, and incompressible; tongue thinly coated with brown fur, and a bitter taste in the mouth; bowels open by medicine. Took a calomel pill about one o'clock, and a dose of effervescing mixture in the afternoon. The bladder became distended in the

evening, but not having power to expel its contents, a catheter was introduced, from which she experienced great relief.

13. The pain in the head, and across the eyebrow, with vomiting, &c., continued the whole day yesterday until towards the evening, when it subsided, and has not since returned. Complaints of tenderness on pressure in the epigastric region, and says she feels pain there on inspiration. Cannot lie on the left side, and experiences pain in it, even on attempting to turn in bed; dimness of sight at times, which soon leaves her, and returns again after a short time. Still has a tremulous motion of the body. Has not passed any urine since it was drawn off by the dresser last night, but feels easy in the region of the bladder; pulse 78, a little full, but more compressible; tongue slightly turned. To be cupped on the nape of the neck to twelve ounces; milk diet; took a dose of effervescing mixture in the night.

14. Pain in the stomach still continues, with tenderness on pressure over the epigastric region, which appears distended; pain in the head much mitigated, but is equally severe over the eyebrows. Has passed her urine without the assistance of a catheter, but says she experiences great pain and difficulty in expelling it, and also pain in the bladder when it becomes distended; pulse 78; pupils as before; still occasional dimness of sight, but tremulous motion of body diminished; appetite bad. Took about half an ounce of castor oil in the afternoon of yesterday, which has produced one evacuation. Fifteen leeches to be applied over the epigastrium.

15. Perspires a good deal during the night, and towards the morning has cold chills; has no pain in the head, but feels an aching over the eyebrows; dimness of sight less, as the paroxysms do not come on so frequently. Complaints of a swimming sensation in the head when she rises up in bed. Has continued to pass her urine without the assistance of a catheter, and only a small quantity at a time, with difficulty and pain in the attempt; is less tremulous; bowels open twice this morning. No pain in the stomach, unless when she attempts to turn in bed, or takes any food, which, to use her own expression, "seems to lodge there, and when it goes off, the pain is increased for nearly half an hour." Pulse 73, less full; tongue rather white; does not sleep at night, and says she has not done so since admission.

17. Has not any pain in the head, or over the eyebrows; is still giddy when she rises in bed, and feels the pain in her stomach when she attempts to turn in bed, which she cannot do without pressing with her hand over the part. Sleeps little, is troubled

with frightful dreams, and, on awaking, feels a pain in the epigastric region, which continues for some minutes, with tremor of body; swelling of epigastrium less, but feels pain there on pressure, which, she says, shoots through to her back. Pulse 74, natural; bowels not relieved since yesterday morning; has a sensation of bearing down, and pain in passing her urine, and also a cutting pain in the genitals; tongue whitish. Ordered sulph. of magnesia, a drachm, in infusion of roses, three times a day. Continue milk diet.

20. Micturition still painful, and accompanied with sensation of bearing down; frequent desire to void her urine, which is passed in small quantities. Vertigo diminished, and dimness of sight less frequent; tongue whitish, and slightly turned; bowels open; pulse 73. Unpleasant dreams at night, with sensations of falling from heights, stomach better; can lie with ease on either side. The pupils have gradually become dilated, and are still fixed.

24. Is now able to walk about in the ward; continues better in every respect, with the exception of the pain and difficulty in voiding her urine, which she says is increased, and, from straining in the attempt, has forced her womb down, which gives her much additional pain; is obliged to sit for some minutes with her hand under her, after making water, before it recedes. States that she received a kick in the hypogastric region some time ago, and experienced a difficulty in passing her urine the . . . and occasionally at different times since. Bowels kept open by castor oil. Catheter not introduced since the day after admission.

26. The patient is now attacked with diarrhoea, but in no other respects much better; she passes her urine with greater ease, and says that the womb has not descended since yesterday, and then but slightly. Has been taking camphor mixture since the 24th, but it does not appear by whose directions, not having been entered in the physician's book.

Sept. 7. The diarrhoea subsided spontaneously in about two days from its occurrence, and all the other unfavourable symptoms have since gradually disappeared. The camphor mixture was omitted on the 5th, and sulph. of magnesia, with infusion of roses, three times a day substituted. From the 20th to the 26th, the pupils were dilated and fixed, but have since regained a more natural size, and become more susceptible of the influence of light, they act still rather sluggishly; in other respects she is well. The patient was under the care of Dr. Williams.

## GUY'S HOSPITAL.

### CARCINOMATOUS TUMOUR OF THE BREAST.

Sept. 1. To day a woman, about 45 years of age, was brought into the operating theatre for the removal of a carcinomatous tumour of the right breast. The tumour had made its appearance about two years ago. The junior surgeon (who was the operator,) commenced by making semilunar incisions above and below the diseased mass, beginning at the superior, and outer part of the tumour, and continuing them in a direction downwards and forwards, including the whole of it, and dissecting it from its attachments: no artery required to be secured. The arm was at the same time held by Mr. Morgan, to put the pectoralis major muscle and integument on the stretch. The edges of the wound were then brought together, and a pad of lint was placed over, and kept in this position by strips of adhesive plaster.

On Tuesday, Sept. 8th, Mr. Morgan removed a scirrhous tumour from the right breast of a middle-aged woman. The operation was performed in the usual manner; about half a pint of blood was lost, and the patient having become faint, some wine and water was administered to her; three vessels were required to be secured; the edges of the wound were brought together by four sutures, a pad of lint was placed over it, and . . . by strips of adhesive plaster.

### SEVERE INJURY OF THE FACE.

Catherine Flemming, a middle-aged woman, was brought to this hospital, Aug. 26th, in consequence of having received a severe injury on her face from a horse; the animal had run away, and some men in attempting to impede it, provoked it to kick the woman. The whole of the left cheek was severed, the superior maxillary, nasal, and malar bones, were fractured, and the poor creature presented a most frightful appearance, the orbit appears not to be injured. She was put to bed, and the wound approximated by a tape passed across it, and strips of adhesive plaster applied to the edges.

21. Cold applications have been used with considerable benefit, and she is ordered a pint of porter daily.

22. The assistant surgeon (in the absence of the junior) visited her, and ordered the nitric acid wash to be used. There is a fatal discharge from the wound, and a portion of bone has come away.

23. Complaints of pain in the head; bowels not open; ordered three grains of calomel.

24. Wound looks healthy; general health

good. Mr. Morgan saw the patient to-day, and said he thought there would not be much deformity of the features when the wound healed, although she presents at present a very pitiable aspect.

Sept. 2. Gradually improving, wound looks healthy.

4. Rapidly improving; discharge from the wound moderate and healthy; can open the eye on the injured side pretty well. (Ordered beef-tea, arrow-root, wine, and porter; bowels to be kept open by occasional doses of castor oil.

8. Bowels cannot be kept open without the use of the oil, but still she is greatly improved; sleeps well at night, no fever, the breach of continuity fast filling up; in fact, the only plan now adopted, and necessary, is that of administering plenty of nutritious food. The nitric acid wash has been used with decided benefit.

#### NÆVUS.

A child, about seven months old, was admitted Aug. 26th, under Mr. Key, with *nævus*, situated nearly in the middle of the forehead, about the size of a hazel nut. The surgeon, on seeing the little patient, observed to the students, that he had seen a variety of plans adopted for the removal of these tumours. He objected generally to the use of the ligature, in consequence of the impossibility of applying it in some situations; and though this was a fair case for its application, he would first make use of pressure, having been frequently able to remove the disease by this plan. He accordingly directed a pad of lint to be placed over the tumour, and a bandage to be passed rather tightly over it, and round the head.

Sept. 7. The tumour has been gradually diminishing since the application of pressure, and to-day is nearly obliterated. The mother, who was in the hospital with the child, was therefore allowed to depart with it.

The attendance of the surgeons of this hospital is very irregular. Their *nominal* hour is twelve o'clock. They generally do not make their appearance until it is nearly one. The pupils are thus allowed to enjoy the "cool refreshing breeze" under the portico of this building for nearly three quarters of an hour, and hurry away to the two o'clock lecture, before they have seen half the patients in the hospital. The *post-mortem* examinations are likewise *done up* in a very snug way; no public notice of them is ever given before they take place, and, in consequence, there are scarcely more than half a dozen present at any time but by chance. The medical officers fear the pupils will learn too much for their money.

#### WESTMINSTER HOSPITAL.

##### OPERATION FOR STRICTURE, AND DEATH.

RICHARD REYNOLDS, aged 59, a waterman, of active constitution, admitted 15th of April, 1829, with stricture, from which he states himself to have suffered for the last thirty years. He passes his urine guttatim, and this amounts to nearly a pint and a half in the twenty-four hours. He has had a shooting pain in the bladder, extending up into the loins, seemingly in the course of the ureters. This symptom was generally relieved after a discharge of urine, which passes incontinently; constant desire of micturition; bowels regular; general health good; purging has always given relief. Various attempts have been made to introduce bougies, but without effect. The stricture is supposed to be at the bulb, and to extend a little beyond. After each attempt at passing the bougie, a long-continued rigor has invariably occurred.

Saturday, July 25. Mr. White finding that all hopes of curing the stricture by the ordinary means were vain, and fearing the formation of fistula, determined to make an opening in the perineum, and cut through the stricture. The operation was performed in the presence of Baron Heurteloup, Dr. Boyton, and the medical men of the establishment. The patient being placed in the proper position for lithotomy, a straight staff was introduced as far as the stricture, and an incision made an inch long, exactly in the raphe perinei downwards, to within half an inch of the anus. The index finger of the left hand was now thrust into the wound, and the bulb being raised, the membranous portion of urethra was opened, and the stricture divided. The man struggled considerably, and had, consequently, changed the direction of the pelvis; some difficulty was, therefore, experienced in passing a catheter into the bladder. After some fruitless attempts on the part of Mr. White, Mr. Guthrie essayed, and having changed the posture of the patient, succeeded, with a little force, in introducing a female catheter. The catheter was fixed in the urethra by means of a transverse roller; a T bandage secured the whole. Six hours after the operation, the man passed through the canula a pint of urine. A rhubarb and calomel powder given at bedtime.

July 26. Passed a restless night; tongue furred; pulse 80, quick; bowels open; skin hot; urine drawn off in good quantity. Low diet.

28. Fever unabated; urine thick, red, and anbulous; pain and uneasiness in the perineum. Saline diaphoretic medicine.

August 1. The canula is removed and a gum-elastic catheter introduced through the enjure urethra int. the bladder. The urine is scanty and high coloured; pulse 90, irritable; skin yellow, hot, and dry; continual vesical irritation; great depression of spirits. A gill of port wine to be drunk daily.

8. The man has retrograded, and symptoms of hectic have supervened; countenance flushed; tongue covered with a brown sordes; pungent heat of skin; stomach rejects every thing. Brandy and water, with ether, to be given every four hours.

12. The patient is evidently verging towards dissolution; hectic tint; parched tongue; pulse innumerable; pain and uneasiness of hypogastric region. The wound has a sloughy appearance; as much urine passes through the wound as through the canula. Compound ipecacuanha powder nightly.

16. Died early this morning.

*Autopsy twenty four hours after Death.*

Old adhesions between the pleura of both lungs, some hepatisation of the right. The abdominal viscera natural. The bladder considerably thickened, ureters enlarged, and the true urethral canal totally obliterated; a false passage existed on each side, probably made during some of the attempts to pass the bougie or catheter. No perineal fistula, or cellular infiltration, existed; and an adhesive inflammation completely surrounded the wound.

#### RUPTURE OF THE LIVER.

William Spring, *etat.* 12, an errand boy, who had been passed over by the wheel of a cart, was admitted under the care of Sir A. Carlisle, the evening of the 26th ult. There was a deadly pallor of visage; blanched lips; distended nostrils; heavy respirations; great pain at the precordia; pulse . . . . . When placed in bed, he lay on his back. Brandy and cordials, and fomentations, to be applied.

27. He expresses himself considerably relieved this morning.

Four, p.m. The distressing dyspnoea has returned; unable to lie on the left side; intense anxiety of countenance; pulse imperceptible; extremities cold. Cordials; mustard plaster to the chest. Died at ten o'clock.

*Autopsy fourteen hours after Death.*

The thoracic viscera perfectly healthy. In the abdomen, nearly four pints of dark, grumous fluid blood were effused; after a careful examination, a rupture of the liver was discovered, extending the length of four inches diagonally across the upper surface, and beginning a little above the angle of the

ligamentum coronarium, with the ligamentum laterale. No large vessel was ruptured, and the blood appears to have oozed slowly from the lacerated surface, and thus to account for the length of time the boy lived after the receipt of the injury.

#### HOTEL-DIEU.

##### EXTIRPATION OF THE UTERUS.

THE patient upon whom M. Recamier performed this operation, on the 26th of July, (*see* page 672), is in a very satisfactory state, and, as it appears, out of all danger. On the third and fourth days after the operation, a slight inflammatory reaction took place, but it was happily subdued by means of bleeding, leeches, and the warm bath. On the 4th of August, the ligatures came away. From this period, no untoward symptom was observed, and on the 20th, recovery seemed to be complete.

#### HOPITAL DE LA CHARITE.

##### LITHOTOMY.

C. D., an apparently healthy man, about 70 years of age, had, for about four years, been affected with gravel. On sounding, the presence of calculus in the bladder was readily ascertained, but it appeared there was no stone of any considerable size, and it seemed even likely that there were several smaller calculi. M. Roux accordingly gave up his intention of performing lithotomy in this case, and determined upon lithotomy, with the *lithotome coute*. The operation, which was performed on the 28th of July, afforded nothing of any peculiar interest, and was terminated by the extraction of about 100 calculi of different sizes, the . . . . . being larger than the tip of the finger. They consisted of uric acid, with a superficial layer of the oxalate of lime. M. Roux observed, that he had several years ago operated upon a patient, from whose bladder he had extracted not less than 195 small stones; the same patient had been previously operated upon by M. Boyer, with a similar result.

On the 1st of August M. Roux performed lithotomy on a patient who had been admitted on the 29th of December, 1828, and from this period up to the present time, had already been twice operated on, on the 14th of February and the 13th of June. The operation was performed in the same manner as in the above case, except that Hawkins's cutting gorget was used instead of the *lithotome*. About fourteen stones, of the size of a filbert each, were extracted.—*Lanc.*

*Frang.*

## TO CORRESPONDENTS.

Mr. Ponsonby—Dr. Henry Mallison—  
Mr. Henry Francis—Mr. John Davis—Mr.  
Edward Davis—Dr. Conwell—Mr. War-  
burton—Mr. H. O. Bradford—Mr. Thomas—  
Mr. Michael William Henry—Mr. John  
Grey—Mr. John Shepperd—M. Desanges—  
Mr. Benjamin Neave—Mr. Gregory—Mr.  
Ireland—Mr. J. Taylor—A. B.—J. C.—  
F. S.—N. C. W.—A Constant Reader—Me-  
dicous—A Water Drinker—A Country Prac-  
titioner—Machson—A Ruined Practitioner  
—Anti-Hall—A Friend.

"J. D." Not as a "fellow."

"A Practitioner." There can be no ef-  
fectual reform in the mode of examination,  
without making it public.

The communication which "Anti-Hum-  
bug" criticises, was not anonymous, and  
we cannot therefore admit a personal attack  
upon the author of it, under an assumed  
name.

"Machson" must favour us with his com-  
munications, before we can speak of their  
appropriation.

The lectures mentioned by "A Constant  
Reader," will not be published in the vo-  
lumes for the ensuing year, but their place  
will be supplied with lectures of probably  
still greater value.

We regret to inform Mr. J. T. that he  
cannot recover the amount of his bill from  
the overseers of P. Had he attended the  
patient under the order of a magistrate, or  
even of the overseers of the parish in which  
she was residing, he could then have re-  
covered without trouble. On every side, medi-  
cal practitioners are beset with difficul-  
ties.

Mr. H. Francis. A brief account of the  
meeting would be acceptable.

Mr. H. O. Bradford's letter would be  
charged as an advertisement at the Stamp  
Office. Mr. Tusou's school has been spoken  
of very highly by several of his pupils.

We did not insert Mr. Henry's former  
communication, because the case on which  
it animadverted occurred in private prac-  
tice. His last, which contains some perti-  
nent general remarks, shall appear next  
week.

A full reply cannot be given to our Edin-  
burgh Correspondent in this place; but it is  
the invariable object of *THE LANCET* not to  
deviate in the smallest degree from the  
truth." This is fully understood *et cetera*. But  
our intelligent Correspondent had better  
send a more explicit private communication.

We once more repeat, that we cannot  
permit individuals who have the manliness  
to attach their names to their communica-  
tions, to be slandered by anonymous oppo-  
nents.

The greater portion of the letter of

"Amicus Scientiæ" would have been in-  
serted, had not the writer subscribed an  
inaccurate address.

As an apology for not having noticed in our  
last and in our present Number, several  
other communications which we have re-  
ceived, we beg to remind our Correspond-  
ents, that this is the first part of the month  
of September, a period when we are in the  
habit of retreating from the dungeons, and  
holes and corners of our hospitals and col-  
leges in the pursuit of BATA, for the more  
invigorating amusements to be found on the  
hills of Devonshire.

"P. Y." should not have paid his money  
in such haste. Medical pupils must be  
particularly cautious not to enter to any  
lectures or hospital, until they have com-  
pleted the whole of their arrangements.  
They shall have ample information on this  
subject in the pages of this Journal before  
the 1st of October.

## LITERARY INTELLIGENCE.

An Exposition of the System of the  
Nerves, By CHARLES BELL, Esq., Second  
Edition, with an Appendix of Cases. 1 vol.  
8to, with Engravings, is in the press.

Dr. DICKIN has, in a state of readiness  
for the press, in 1 vol., 8vo., a Treatise on  
the Mucous and Serous Membranes, which  
will comprehend their Anatomical Descrip-  
tion and Physiological Structure, their Dis-  
eases and Pathological Anatomy.

## BOOKS FOR REVIEW.

Pathological and Practical Researches on  
Diseases of the Brain and the Spinal Chord.  
By JOHN ANSTON, M. D., F.R.C.P.  
Edin. Second Edition, with additions.  
Edinburgh: Waugh and Innes, 1829; 8vo.  
pp. 376.

The Water Question. Animadversions  
on the Reports, Evidence, and Documents,  
relative to the Supply of Water to the Me-  
tropolis. Published by order of the House  
of Commons. By A WATER DRINKER.  
London: Hunter, 1829. pp. 94.

The Annual Reports, Financial, Medical,  
and Surgical, of the Rosacea Fever Hos-  
pital and Dispensary. By WILLIAM KING-  
LEY, Physician to the Institution. Rosacea:  
Feggers, 1829.

A Code of Medical Regulations for the  
Hon. F. I. Company's Establishment of  
Surgeons, belonging to the Presidency of  
Malacca, &c. Drawn up at the express de-  
sire of Government. By W. E. L. CONWELL,  
M.D. &c. Surgeon to the Malacca  
Establishment. Singapore.

Observations chiefly on Pulmonary Dis-  
eases in India. By W. E. L. CONWELL,  
M.D. &c. Malacca, 1829.

# THE LANCET.

Vol. II.]

LONDON, SATURDAY, SEPTEMBER 19.

[1828-9.

A LECTURE,  
INTRODUCTORY TO A COURSE  
ON ANATOMY,  
DELIVERED BY  
WILLIAM HUNTER,  
October, 1775.

ANATOMY is the art of examining human bodies by dissection; the advantages we receive from it are very great, the principal of which is, that it teaches a rational method of curing diseases.

The word Anatomy is derived from the Greek, and, strictly speaking, signifies cutting, but in its most general acceptation is less confined, signifying any thing done with a view to discover the structure and organisation of animals, comprehending, in this sense, maceration, injection, corrosion, distillation, boiling, preservation, &c., and is extended to every part of the body. Anatomy is divided into human and comparative; the first respects only the human species, the latter includes all other animals whatever; the first, or human anatomy, is what we propose to teach, intending only to introduce occasionally just so much of the second as may be necessary to illustrate and more readily explain the first.

The structure of the human body in many parts is so extremely delicate and fine, as to remain yet undiscovered; in others it is more apparent, and comes under our inspection. From the dissection of brutes, the ancients gained all the anatomical knowledge they were possessed of; no wonder then that we find their descriptions of the human body were erroneous and incorrect, and so greatly inferior to those of the moderns, who have such frequent opportunities of having access to human bodies to solve their difficulties.

This, as well as most of the arts, have undergone many revolutions; at one time it has been held in the highest veneration, and cultivated by men of eminence, at another

time it has been despised and neglected: as to its origin we are still in the dark; like other things, perhaps, it had no precise beginning, the common accidents of life awakening now and then an attentive mind to the consideration of the subject, so that it is very probable the first man might have attained some knowledge of the external form, and even a small degree of the internal. This rude knowledge gradually improving, from men's having observed the alteration in bodies by all kinds of violence, funeral ceremonies, and such like, at last grew into a system: it must have received great assistance from the ceremonies used at sacrifices; he whose duty it was to perform these rites, could not but find something to engage the attention and excite reflection. The priest, the augur, but above all, the butcher, must have acquired some idea of the animal machine, these occupations leading them often to the inspection of brutes; the finding of brutes similar in many respects to mankind, and they being easily procured, induced men more frequently to examine into their texture, by which means a gradual insight was gained into the animal economy, and anatomy became a branch of learning. The Greeks are the first people we have any authentic accounts of, who studied it as an art; it is probable they first derived their knowledge from the eastern nations, particularly the Ethiopians and Egyptians, from its being so closely connected with astronomy in its infancy. The Egyptians and other eastern nations, from the situation of their country, the clearness of the sky the greatest part of the year, and from their sleeping on the housetop, with no other canopy than the heavens, could not fail of making many observations on the motion of the heavenly bodies; and from the great influence these motions were supposed to have on the human body, it is highly probable that they studied anatomy likewise. However that may be, Thales, surnamed the wise, is the first anatomist we have any account of, and this was 580 years before Christ. No progress was made in the art till the time of Hippocrates, who was contemporary with Socrates, Xenophon, and Plato, 400 years before the christian era. They divided ana-

tomy and medicine from the other arts, and made it a distinct study, thus the first author we have any account of, who wrote on anatomy, informs us that he never had an opportunity of inspecting the human body and but once saw a human skeleton. The first dissection we have on record, was made by Democrates, who had for his subject a hog.

From Hippocrates the art gradually increased till the time of Galen, who lived in the second century (i.e. 600 years after Hippocrates). During this interval, several great men appeared, who contributed much to its advancement, particularly Aristotle, who lived about 100 years after Hippocrates; he raised philosophy; and also Nicrophilus and Ariaratus (about 251 years before Christ) of Alexandria, where the Greeks went to finish their education; there, most probably, the first human dissection was made. Galen applied himself diligently to anatomy, studied in Asia Minor, and thence he went into Alexandria, and composed many books, which, for the time he lived, were certainly very great performances; but his dissections were chiefly confined to quadrupeds, opportunities of dissecting the human subjects, from the superstitions of the times, being very rare. For a long series of years after Galen, the art declined; so, indeed, did arts in general decay, as the Empire of Rome decayed. Galen had acquired so great a character as an anatomist, that his successors, probably despairing of going beyond so great a man, contented themselves with explaining his doctrines. Then in the fifth century learning of every kind received a severe stroke from the irruption of the barbarian Goths and Vandals, who overcame all the Western Empire, and destroyed whatever traces of arts they could find; which obliged men of learning and others to fly to Greece to avoid their fury; but in the middle of the seventh century it received almost a total overthrow from the Saracens, who spread their devastations over the East, surpassing the former in cruelty, and contempt of letters. Among other places that suffered from their violence, was Alexandria, which had been the seat of learning for 900 years, when the first library then in the world was burnt. In less than 100 years after the appearance of Mahomet, they had conquered all Asia Minor and Africa, and about the year 717 came to the eastern parts of Europe; here they laid siege to Constantinople, the only place where the arts survived, but happily were repulsed under the government of Calippis. Physic and anatomy were on a very indifferent footing, but Abellagh, who lived about the year 749, protected learned men, and invited them to court, particularly the Arabians, who had learnt this art from the Greeks;

and from the Arabs the western parts of Europe gained all their knowledge, Spain being conquered and possessed by them. The arts, which had been almost extinguished by the irruptions of the Goths and the latter part of the thirteenth century, began to dawn in Europe, particularly in Italy, where Mindeen, in the year 1315, published and explained whatever was left by Galen, which publication was, by a public decree, pronounced the standard of medicine, and was received in all schools throughout Italy for 200 years.

In the fifteenth, the descendants of the Saracens, the Turks, took Constantinople, and committed the same outrages their predecessors had done; the Greeks fled from their barbarity to Italy, which was, at this time, disposed to have a desire of literature arising among them; thus it came about that the Italians made some advances to restore learning, soon after which the use of painting was invented. The Portuguese found out the passage to the Cape of Good Hope. In the fifteenth century, Columbus discovered America; so that many circumstances arose at the same time to excite men to cultivate the arts: and, indeed, the monuments of ancient knowledge, with which Italy every where abounded, must have contributed, in a great degree, to excite this flame. One reason why the Jews and Mahometans made no progress in anatomy, was their superstitious doctrines of cleanness and uncleanness, and therefore they were averse from the handling of dead bodies. About this time (in the fifteenth century) the famous Leonardo da Vinci, who was the first man who made any anatomical drawings, published a treatise, with anatomical plates and explanations; the figures are drawn with red chalk, touched with a pen, and the explanations written with the left hand backwards, so that it is necessary to make use of a looking-glass to read them. This book is now preserved in his Majesty's library, and testimonies are given by authors which render its authenticity indubitable.

Visiani, in his Lives of the Painters, says that Leonardo composed for his own amusement the anatomy of a horse; and from the excellency of his figure and delineations, we may conclude him to be an excellent anatomist. Antonio de Law read lectures at Padua, and was the first anatomical lecturer we know of; he explained Galen and taught physics. Morgagni and others taught anatomy, and made some few discoveries; but till the time of Vesalius, they did little more than copy Galen. In 1540, Vesalius appeared; he was at Brussels in 1514; from thence he went to Paris, and was under Silvius; here he remained eight years, and was uncommonly studious, often stealing limbs, and

sometimes whole bodies, from the gallows. At the age of 26, he published a system of anatomy, illustrated with many noble figures, in which he dissented from the common errors adopted by Galen, and by Sylvius. He was afterwards under Fernelius and Andromachus, where he now and then had opportunities of dissecting a human subject; afterwards he returned to Lorraine, where he taught anatomy; he was publicly invited to Padua by the magistrates, to teach anatomy and physic; he taught, also, at Bologna and Pisa, by turns, making one course to last about three weeks: he was well supplied with bodies, by public order, from the executions. He went afterwards to the court of Charles V.; but not being so well received by the emperor as he supposed he merited, he withdrew himself in a pet, and burnt all his papers. His dissenting from Galen gained him many enemies, particularly Sylvius, Columbus, Fallopius, Eustachius and others, and with these he held great disputes; but in the course of these controversies, falling into the same fault of which he accused Galen, (having given descriptions of parts of the human body from those of brutes,) he came into disgrace, for in Spain he had an opportunity of dissecting human bodies: he lost his life as he was making a pilgrimage to the Holy Land. From his time the arts have been improving.

In the sixteenth century, Harvey, as customary then, went to study anatomy in Italy. His master, Fabricius ab Aquapendente, having discovered the valves in the veins, published his doctrine of veins, carrying the blood from the heart to the liver. This was sufficient for Harvey's genius to work upon; he found out the circulation of the blood in 1616, but did not publish it till 1628. Harvey's doctrine, at first, met with considerable opposition from the favourers of Galen's system. The next thing that naturally presented itself for inquiry, was the passage of the nutriment into the blood: in 1627, Asellius discovered the lacteals, and, in 1651, Pecquet, dissecting a dog to observe the lacteals, discovered the lymphatics. When these things were known, it was natural enough to inquire whether nature observed the same economy in the fetus as in the adult. On this subject, Harvey published some valuable books, and about this time some Dutch anatomists, viz. Swammerdam, Van Hom Sten, and De Graaf, made a great noise in their writings, in which they endeavoured to prove that viviparous animals are produced from eggs as well as oviparous ones. Malpighi, by the help of magnifying glasses, discovered parts which before escaped the microscope; he was seconded by Leuwenhoeck, who discovered the globules of blood, and carried his researches so far as to affirm that he saw the communications of

the arteries and veins, and that there were an infinite number of animalcula in the male semen. Towards the latter end of the last century, injections and other anatomical preparations were made, under Swammerdam and Rugiat, in Holland, and Coopers and St. Andrew, in England. Dr. Nicholas was the first who used the process of erosion, by which the vascular structure of many parts is made evident, by first injecting with wax. The figures and models made of wax, in general are all very inaccurate, but those made of plaster and lead, from the parts themselves, are very good and serviceable. Cheselden, Albinus, and others, have given us several exact figures of different parts of the human body, which have helped to improve the art. [Among the discoveries of the present age, Dr. Hunter mentions those which he has been fortunate enough to make himself, and which he thinks the greatest since the discovery of the circulation of the blood, viz., that the lymphatics or absorbing vessels are the same as the lacteals, which, with the receptaculum chyli and thoracic duct, form one system of absorption; that in the gravid uterus, the internal membrane of the womb comprised the external one of the secundines, and, with them, is thrown off from the uterus, every time a woman brings forth or suffers a miscarriage, and is called decidua; and that, therefore, the placenta is partly made of excrecence or efflorescence from the uterus itself. Mr. John Hunter discovered the lacteals in birds, and Mr. Hewson those in fish.] A moment's reflection will prove that great strides have been made towards perfection, yet the subject is far from being exhausted; and were we more acute, we should find that what we now know, compared with that which is still unknown, would bear but a small proportion.

Astronomy and anatomy present us with the most striking views of the omnipotence and wisdom of the Creator. It is indispensably necessary for a man who practises surgery or physic, to be well acquainted with this study; it teaches him where to cut with safety and despatch, and enables him to form a just prognostic of diseases; in short, anatomy is the basis of surgery, it informs the head, guides the hand, and familiarises the heart with a kind of necessary inhumanity in the use of cutting instruments. The anatomist who can calmly consider the structure of the human body, without the noblest thoughts of its divine Author, if there is such a man, I say he certainly must have his soul labouring under a dead palsy.

Having taken a short view of the rise and progress of anatomy, we shall next proceed to give some account of the different methods of teaching it, but must first make some observations on the structure of the

human body in general. When we take a view of a great number of differences of parts of which the human body is composed, and their dependence on each other, it appears to be such a complex machine, that instead of being surprised at the prodigious number of diseases to which it is liable, it is really admirable that every part performs its own office with such exactness and regularity. A moment's reflection will convince us that the animal fabric, though complex, is only necessarily so. Let us suppose it granted to a man to model a being like himself, but, if possible, with less imperfections; how could he go about the work? first, he has an intellectual mind given him, the structure in general given him to place in this body, she must be provided with a proper residence; the brain we will say is fit for this, where she may have her empire; as the mind is to hold an intercourse with the body, to be a faithful monitor to it, and to direct its motions, it must have servants for these purposes; of course it must have nerves to give a power of motion to enable it to pursue whatever objects are pleasing, and to avoid what are displeasing; muscles and tendons must be provided; different bones are wanting to support the fabric, and not one continued bone, which would make the body stiff and rigid; the ligaments serve to bind and keep the bones together, and that the ends of these may be more free and easy upon each other, they must be furnished with smooth cartilages and mucus; to fill the intermediate space, we add the cellular membrane, and, as a case or covering to the whole, the skin, which is also the organ of feeling, as regards the structure of the human body in general. This body is to live in society, and hold an intercourse with the beings around it; it must have the organ of speech; and the organ of speech requires the organs of hearing, the organs of sight are absolutely necessary on a thousand occasions: thus far, then, nothing appears superfluous. But the machine is not yet complete: it is the nature of matter to work on matter, and if the body were not continually recruited, it would soon be worn out; therefore that fine balsam, the fluid blood, must be provided to repair the machine, to wash away the old materials which are become useless, and to carry them to several emunctories of the body; viz., the various glands through which the noxious or useless particles are strained from the blood, and carried out of the body; that the blood may perform these offices, it is necessary it should circulate through every, even the most minute, part of the body, and thus, we see, we preserve the structure of the human body in general, the advantages arising from the heart, and arterial and venal systems. The blood itself, from performing these offices,

would soon be expended, were it not continually recruited; this is done by food. The earth abounds with animal and vegetable substance proper for these purposes, and men are provided with most useful instruments, the hands, to procure subsistence. Food, in its crude state, is very different from blood into which it is changed, which makes the teeth, stomach, and, in short, all the organs subservient to digestion necessary; as also the senses of smelling and tasting, that we may be able to choose proper food. The finer and more subtle sorts of this prepared mass, being what is proper for the formation of blood, are absorbed by the lacteals in the intestines, and carried into the blood-vessels, while the grosser and useless part is carried, through the intestinal canal, out of the body. Now this body, like all limited ones, has its duration; it is nourished, grows, arrives at the structure of the human body in general at its perfection, decays, and falls to dust. That its species should be preserved, it is necessary it should have the power of multiplying its kind: thus we see there are different systems in the body,—the vascular system for nutrition, the nerves for sensation, the ligaments for union, the bones for strength, the muscles and tendons for motion, and the organs of generation for the preservation of its species.

After taking this view of the constituent parts of the human body, there still remain the organs of respiration which we cannot account for at present, but that they are essentially necessary to life, is well known; and we should lament our ignorance that we cannot perceive their mode of acting, as of some organs; yet when we reflect upon the wonderful contrivance exhibited in the human frame, the infinite wisdom shown in putting together the several parts of it, each part having a power lodged in it, to a certain degree, of restoring itself when injured, (to wit, a wound heals of itself, a broken bone unites and forms a callus, dead parts separate from the living where there is a redundancy of blood, hemorrhage ensues, and when a proper quantity is evacuated, the vessels close again by their own elasticity,) together with the wonderful mystery of generation, we shall readily acknowledge our frame to be the work of an infinite, wise, and good Being.

There are two ways of teaching anatomy,—analytically and synthetically; the first, or analytic, signifies resolution on the taking to pieces the several parts, beginning with those which form the principal parts, and ending with the smaller; the second, or synthetic, is just the reverse, beginning with the more simple and ending with the more compound: the first method is supposed to be the best adapted to the purposes of inven-

tigation and making discoveries, the latter has been preferred in teaching anatomy, and many treatises are composed on this plan; but as sometimes the other is best suited to explain the different parts during the course of the lectures, both are well made use of. This branch of knowledge has been divided into two parts; the first, properly called anatomy, relates only to the structure of the body; the second, called physiology and animal economy, comprehends the internal operations and functions depending on life. The body is made up of solid and fluid parts, is therefore divided into solids and fluids, and these again are subdivided; the solids are divided into two classes, first, the harder parts or the bones, called osteology; secondly, the softer or fleshy parts, called sarcology. Osteology includes the bones only, but sarcology is divided into many other parts: first, angiology, or doctrine of the vessels; secondly, adeology, or doctrine of the glands; thirdly, neurology, or doctrine of the nerves; fourthly, myology, or doctrine of muscles; fifthly, aplanchuology, or doctrine of the viscera; besides the organs of senses and generation, and integuments. There still remain three species of solids which cannot be properly placed in the classes above-mentioned, viz., the hair, nails, and cartilages; these last are commonly classed with the bones, as being appendages to them, the hair and nails with the integuments, for the same reason.

The ancients divided the body into similar and dissimilar parts; of the first class were the bones, muscles, blood-vessels, and such like, the dissimilar parts were such as a finger, an eye, &c. This method the moderns have rejected. Another method of dividing the body was into sanguiferous and spermatie parts; muscles and other parts, which were of a red colour but pale, were called spermatie. The fluids may be divided into three parts: first, the crude fluids, or the chyle, and what is absorbed from the surface of the body; secondly, the general or perfect fluid, the blood; thirdly, the local or secreted, viz., all secretions whatever, particular ones to particular parts of the body; some useful or retained, others useless or expelled. It has been a dispute whether fluids are a proper object for anatomical inquiry; they appear equally so with the solids; they are both objects of our senses, and necessary to be understood. Describing and demonstrating every part with care will certainly teach students more solid knowledge, than perplexing their minds with numerous distinctions.

Fresh subjects are very necessary to any one studying anatomy, and so are preparations to serve our purposes; they enable us to keep, for a long time, uncommon and curious things, as the gravid uterus for exam-

ple, and by these we can preserve from putrefaction the fine minute parts of the body. There are two methods used for making preparations,—the wet and dry. Both these kinds have their advantages and disadvantages, being changed in some measure from their natural state. The wet lose their colour, and, from the astringency of the liquor in which they are contained, their form, in some degree, is altered; the dry change their appearance greatly; the muscles, for example, being forced and pliable, become black and rigid; bones, indeed, retain their natural form. So much for the anatomical, or first part into which the study of anatomy is divided.

As to physiology it is difficult to say what plan is best to follow: the human body may be compared to a circle, each part supposing something to precede it: thus, for example, if we speak of the brain and nerves, the heart and arteries are supposed to be contributing to their action, and *vice versa*. The best method seems first to explain the organs and afterwards their functions. In proceeding according to that plan, the structure of the parts and their human phenomena (as data) will be explained; secondly, the hypotheses formed thereon will be given; and, lastly, I,—DOCTOR HUNTER,—shall give you my own opinion thereon. Lectures on subjects, intelligible in points, are but of little service.

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A COPIOUS ABSTRACT OF

A LECTURE

UPON

TYPHUS FEVER,

DELIVERED AT THE SUNDERLAND INFIRMARY, BY

WILLIAM REID CLANNY,

M.D., F.R.S.E., M.R.S.A.,

Senior Physician to the Sunderland Infirmary, Dispensary, and House of Recovery for the Cure of Contagious Fever.

GENTLEMEN,—In commencing this lecture upon typhus fever, I beg to be understood that I consider it my duty to be as brief as possible.

Twenty-four years have now elapsed since I commenced my professional career in this place, and I need scarcely remark that typhus, the *princeps et comes morborum*, has occupied no small portion of my time and attention. It is now nine years since

typhus fever prevailed to an unprecedented extent, in the town and vicinity of Sunderland; the observations then made, and the experiments then commenced and since completed, I have now the gratification to lay before you. During the prevalence of this disease in the year 1818, and for some years afterwards, we were accustomed, in some cases, to abstract blood from the arm in all its stages; and I have known this plan adopted even within a few hours of the fatal termination of the disease.

As to the exact value of this heroic remedy in typhus fever, it is not my intention, in this part of my discourse, to give an opinion. I merely mention these facts that you may be assured that many favourable results were afforded me, for the investigation of the nature of the venous blood of typhus patients, in all the stages of the disease; and the result will be, in my opinion, of great importance to the profession, and to our fellow-creatures in general. In the year 1818 I applied myself to the task of investigating the proximate cause of typhus fever; a task which I have been induced to prosecute most assiduously. My experiments have been, for the most part, upon the venous blood of typhus patients, holding in remembrance all the phenomena which that disease presents. I need not take up your time in explaining the steps which I followed in my chemical analysis of diseased blood, but shall proceed, without further preface, to detail the appearances which a severe, though ultimately favourable case of typhus fever presents to us; and I trust that the plan which I have adopted, will be found to be the most suitable for conveying to the profession the general results of my investigations.

#### First Stage.

From the commencement of typhus to the sixth day, the following symptoms are present:—nausea and anorexia, the mouth is parched and dry, the taste is vitiated, indicating a severe attack upon the digestive system. The sensorium commune is now affected, and its functions are badly performed. Secretion is generally diminished, and even suspended in many organs. The food is always undigested. The whole body is affected with distressing pains, the pulse is quickened, and the respiration laborious. The bowels are generally bound, and vomiting sometimes occurs. During the progress of the disease, the free carbonic acid of the blood was gradually diminished in quantity, and on the sixth day this gas was no longer to be found in the blood, though that fluid was received direct from the vein, *in vacuo*, in an apparatus of my own invention; and I believe that heretofore blood has never been so received, as no instrument has

hitherto been constructed for that purpose. I need scarcely remark to you that the specific gravity cannot be accurately ascertained when blood is received *in vacuo*, as may be readily understood upon inspecting the apparatus now before you. In the following tables, you will find inserted the fluid and solid contents of healthy venous blood; with the serum and coagulium duly calculated, and their proportions so arranged that they may be examined at a glance. In this, and all the other tables, I give averages of my analyses, and of course the fractional parts, for the sake of the memory, are omitted.

#### In Health.

Water.....	678
Colouring matter .....	160
Albumen .....	121
Fibrin.....	28
Neutral salts.....	13
	<hr/>
	1000

At the sixth day I found the venous blood to average as follows:—

#### In Health.\*

#### On the Sixth Day.

Water .....	678	729
Colouring matter .....	160	136
Albumen .....	121	98
Fibrin .....	28	25
Neutral salts ..	13	12
	<hr/>	<hr/>
	1000	1000

#### Second Stage.

From the sixth to the twelfth day we find severe headach, flushed skin, increased heat and irritation, attended by thirst. The bowels are sometimes constive, sometimes the reverse, the urine is diminished in quantity, and at this stage deafness is a common symptom. Delirium now supervenes, attended with a frequent pulse, which is sometimes full, but more generally the contrary. The patient is weary and watchful. He now assumes the supine position, and appears to be abstracted from every surrounding object.

About the twelfth day the blood is as follows:—

#### In Health.

#### On the Twelfth Day.

Water .....	678	772
Colouring matter .....	160	122
Albumen .....	121	75
Fibrin .....	28	22
Neutral salts ..	13	9
	<hr/>	<hr/>
	1000	1000

\* Sixteen ounces of healthy blood contain one cubic inch of carbonic acid gas.

*Third Stage.*

From the twelfth to the eighteenth day, in favourable cases, the thirst is diminished, and the heat of the skin is not so pungent. The tongue appears moist at the edges, and not so much loaded as previous to the twelfth day. There is an agreeable moisture upon the skin. The urine becomes albuminous and turbid some time after it is voided. The patient enjoys a few hours of undisturbed sleep. The bowels are open, and the bile is secreted in greater quantity. The headach and other pains are less severe. The pulse is not so frequent and beats more freely. We sometimes observe a tumour of the parotid, axillary, or inguinal gland, which terminates in suppuration. An eruption about the mouth, of a catarrhal aspect, sometimes shows itself in this stage. The deafness continues till after the eighteenth day, when it generally goes off. At this time the secretions are increased, copious and universal sweats break out, and some times purging and a flow of urine take place.

All the symptoms are favourable, and receive their explanation by the improved quality and increased quantity of the blood, which averages as follows:—

<i>Twelfth Day.</i>	<i>Eighteenth Day.</i>
Water .....	772 .....
Clotting matter .....	122 .....
Albumen .....	75 .....
Fibrin .....	22 .....
Neutral salts ..	9 .....
1000	1000

At this time the blood, when recently drawn from the vein, has a milky appearance. Part of the fibrin lies, as it were, upon the glass containing it, showing a pearly white colour. The crassamentum is still loose in its texture, and not cupped. From this time to the complete restoration of health, the blood continues to improve in quality and increase in quantity. It is only when the patient has obtained a comparative state of strength that carbonic acid is again restored to the blood. Compare the following table with those containing the proportions of blood in health, and in a diseased state, in the different stages of typhus fever. This table gives the proportions of lymph taken from the thoracic duct of dogs, which had been kept without food for several days, as analysed by M. Chevreul, at the request of M. Magendie. Were our fellow creatures placed under similar circumstances, and experiments made upon the lymph, I have reason to conclude from the experiments of Professor Brauer and Dr. Bostock, as well as from analogy, that the lymph of these two species of animals would be found to be much the same in its constituents.

*Lymph.*

Water.....	926
Albumen .....	61
Fibrin.....	4
Neutral salts .....	9

1000

The favourable symptoms just detailed show, what, in our vernacular tongue, is called the "turn" of the fever, and this, in my opinion, is to be preferred to the term "crisis," which the ancients adopted upon a false theory, to express a separation or excretion of something from the body of the patient.

Let us now take a survey of the tables which I have given. In the progress of typhus fever, we observe a direct approximation in the proportions of the blood to the lymph which circulates in the lymphatic system, and nothing but a total cessation of sanguification could work this astonishing change in the blood, whilst nature, ever true to herself, causes an increased absorption of lymph, by the open mouths of the lymphatics from all parts of the body, to supply the place of the chyle, which is, as I have demonstrated, no longer taken up from the food in the alimentary canal, as in a state of health. This accounts for typhus blood in advanced cases having only  $\frac{1}{772}$  of albumen, instead of  $\frac{1}{75}$ , as in a state of health. The fibrin is also decreased from  $\frac{1}{22}$  to  $\frac{1}{772}$ . All medical history informs us that the blood of typhus patients decreases in quantity, in a gradual manner, from the commencement of the disease to the turn, in favourable cases, or to a total termination in unfavourable cases.

From these facts I have come to the conclusion, that the proximate cause of typhus fever is a cessation of chylification, and consequently of sanguification, during which time the lymphatics of the whole system act with increased vigour, and in this manner the lymph taken up by them from the system supplies, for the time being, the place of the chyle in the blood, and as long as this state continues, the patient labours under an acute disease, heretofore called typhus fever. When the chylipoietic viscera resume their functions, the disease gradually recedes, and health is ultimately restored.

From the above facts, every symptom and phenomenon of the disease receives a ready explanation.

*Third Stage in Unfavourable Cases.*

I shall now advert to a fatal case in which the disease runs its course, without the patient experiencing relief, or any abatement of the symptoms. Should the function of

sanguification not be restored to the patient, the following symptoms, which show the vitiated state of the blood, take place. The patient has oppression of the thorax; anxiety, restlessness, and weariness, are upon the increase. The skin is very hot, the tongue parched, and the thirst is incessant. The lips, mouth, teeth, and tongue, are, in many cases, covered with a hard brown fur. Delirium or coma is constantly present. The secretions, during the lymphatic state of the blood, are much vitiated. The urine is dark and fetid—the *feces* highly offensive. Petechiae are seen upon different parts of the body. Blood is poured out from the gums, mouth, and nostrils. Fetid and cadaverous sweats break out, and there is a coldness of the forehead, nose, and extremities. Hiccup, and intermitting pulse, too plainly indicate excessive debility, and death comes to the patient's relief, like the visit of a kind friend to the distressed. During the fatal progress of the disease, carbonic acid is not to be found in the blood; and except a turn take place, by which fresh chyle is carried to the thoracic duct, the blood is rendered rapid, and, in some cases, it passes to a putrid state. I beg to remark, that I consider putrid fever as merely typhus fever in the worst form; and when we attentively observe certain constitutions we ought not to be surprised should putrid fever prevail to a greater extent than we find it to do in these islands. Danger is greatly to be feared in typhus fever, when it occurs in shattered constitutions, and in persons afflicted with diseases of the brain, liver, or lungs; for, under such circumstances, sanguification is at all times performed with considerable difficulty. The lymphatics have an universal distribution, and commence with open mouths at every part of the body, their office being to take up and carry back to the blood those elements of the system which disappear, either to make place for newly secreted matter, or without substitution, as in typhus fever. From the lymphatic blood in typhus, we are not, *a priori*, led to expect any very peculiar appearances upon dissection, in the early stages of the disease; for as the lymph at all times, whether in health or disease, forms a part of the blood, we find that morbid anatomy, though it throws little light upon the immediate nature of typhus, in the first or second stage, develops some of the changes which have been induced by this disease in the advanced stages.

The duration of typhus is modified in the following manner, *ceteris paribus*. In the spring and summer its nature is inflammatory, and in the autumnal months it is inclined to putrescency. The quantity of albumen and fibrin in the blood at the commencement of typhus fever, modifies its

subsequent condition; for, as in the progress of fatal cases no new blood is formed, the lymph, always unequal to the task of suitably supplying the place of genuine blood, in process of time becomes *itself* much vitiated, and this accounts for the very rapid changes which take place in the last stage of unfavourable cases of typhus fever, as also for the petechiae. It is well known to the faculty, that typhus fever is wonderfully uniform in its leading symptoms, whatever the sex, age, temperament, or habits of the patient may be, and this, in my opinion, demonstrates that an universal cause operates in this disease. The blood, from its stimulant effect upon the internal coats of the heart, arteries, and veins, causes its circulation through those important organs; but when the blood is in a lymphatic state, as demonstrated in this lecture, the circulation is performed in the singular manner which obtains in typhus fever, and hence the relaxed or expanded state of the blood-vessels in certain parts of the system, which permits determinations of blood in those parts, and which are sometimes designated "congestions." I have experimented upon the blood taken from persons labouring under acute diseases, and could in no instance find those changes which invariably present themselves in typhus fever. Even in hydrophobia, a case of which I witnessed in London last spring, no change could be detected in the blood, which induces me to be of opinion, that this disease has its seat in the nervous system; and when we reflect upon its similarity to traumatic tetanus, a corroboration is thereby afforded us. In many important diseases, we find that the blood always shows certain changes. These I need not particularise here, as they are well known to the faculty.

Chylification, like secretion, is a function of the brain, which, under prelinar circumstances, or states of the atmosphere, is impaired, and in severe cases is suspended altogether: hence typhus fever. As we cannot explain the *modus operandi* of the brain in the process of chylification, neither can we explain the manner in which it is impaired or suspended. We know that when the kidneys cease to secrete urine, the liver to secrete bile, and the absorbents to perform their functions, death must be the result, if relief be not obtained. I believe that no person has hitherto offered an opinion as to the exact length of time which the latent period of typhus fever is supposed to occupy. According to my investigations, it must be calculated from the commencement of the cessation of sanguification till the disease begin to show itself. When we hold in remembrance the regularity which obtains in exanthematous fever, and the facts which I have just communicated,

we must conclude, that the latent period of typhus fever cannot be more than a few days. And, as facts multiply, I hope the time is at hand when we shall be enabled to state it accurately. We know that in general blood is formed from eleven to one in the forenoon, according to the hour of breakfast, and from six to eight in the evening, corresponding with the dinner meal, as I have discovered from the milky appearance of the blood, and the increased quantity of carbonic acid in that fluid, at the above-mentioned hours.

The morning and evening paroxysms in typhus cases, have their origin from the sanguineous system not receiving, at the above-mentioned periods, its usual enlivening and strengthening supply of newly-formed blood; the patient, instead of feeling renewed vigour at these hours, experiences disappointment and exhaustion; and we find, accordingly, that these paroxysms are present in most cases of typhus fever, and continue till the disease has so far exhausted the patient, that they cease, or are no longer observable. During the process of respiration, there is a constant exhalation of water from the lungs, in the form of vapour. This vapour, when condensed, is estimated at nineteen ounces per diem. In my opinion, the carbon of the blood is given out from the lungs suspended in this vapour, and in this state it comes into contact with the inhaled oxygen of the atmospheric air, and is converted into carbonic acid gas, in the air cells of the lungs, by reason of its superior affinity for oxygen. From respiration originates animal heat; for it is well known that the rapid conversion of oxygen and carbon into carbonic acid gas, is always attended by an extrication of heat in the living animal, when in a healthy state; and this animal heat, at its source, is prevented from being hurtful, by reason of the halitus, or vapour, which always accompanies the process of respiration. It is extremely probable, that the conversion of oxygen and carbon into carbonic acid gas, in the lungs, differs materially at different times, and under different circumstances. At the commencement of each paroxysm in typhus fever, such is the exhausted state of the system, that respiration does not convert the carbon and oxygen in the lungs into carbonic acid gas, in a sufficiently rapid manner, for the extrication of that heat which is afterwards, by the circulation of the blood, conveyed to all parts of the body. From exhaustion of the nervous power, the respiration becomes more languid; the whole system experiences a deadly coldness, and, as in all cases when the blood circulates more slowly, the capillary branches propel their contents with the greatest difficulty;

and hence the gratuitous term, "spasm or debility of the extreme vessels."

The cold rigours are sometimes slight; at other times more violent. The patient trembles; the skin is rough, and the features are collapsed. Were this state to continue for any length of time, the patient would die during the cold stage; but at the moment the blood ceases to circulate in the extreme vessels, and when the cold stage is at its acme the patient is constrained to exert his feeble energies, in supporting respiration, to avert impending death. Under this new state, the conversion of carbon and oxygen in the lungs into carbonic acid, is necessarily increased, and the animal heat is thereby gradually and even rapidly augmented; the heart performs its functions with more energy, and soon afterwards an impetus is given, not only to the circulation of the blood, but also to the brain and nervous system. Warm flushings succeed; the animal heat becomes higher than in a natural state; the skin has now a more healthy tint; soon afterwards the countenance is flushed, and the cornea of the eye is suffused. This hot stage of the paroxysm reminds us of the reaction which follows the chill in cold bathing, and also those alterations which are produced by strong impressions upon delicate and susceptible minds. In the hot stage the respiration becomes more full, frequent, and regular. Animal heat is now generated in excess. We observe, in many cases, that the brain is charged with too much blood, and delirium is the consequence. In this manner, in my opinion, we can rationally account for the phenomena of typhus fever, without having recourse to speculation.

In intermittent fever there is only a temporary suspension of sanguification; and hence the periodical cold and hot stages in a system not worn down by severe disease. But should the intermittent fever continue, and a permanent cessation of the process of sanguification take place, we shall find that the intermittent fever will merge into typhus fever, not to return to intermittent fever again, whatever may be its termination.

Having stated these facts, I now proceed to another illustration,—viz. the gastric fever of the French, or the autumnal fever of the islands.—This fever has its origin from indigestion, and consequent accumulation of undigested substances remaining for some time in the alimentary canal, by which the lacteals are mechanically prevented from taking up the chyle from the villous coat of the intestines; and should these causes continue to operate, typhus fever supervenes in the same manner as in cases from unwholesome aliment, or from famine. In autumnal fever we know that, generally speaking, when we remove the cause, the effect ceases,

From what has been said, we can readily trace the intimate connexion which obtains between all idiopathic febrile diseases; and from the light now thrown upon the subject, I humbly trust, we shall be enabled to effect cures in the most severe and complicated cases of fever, and even of the plague itself. With this knowledge of the true proximate cause of typhus fever, the medical practitioner will be enabled to follow up a rational and appropriate method of cure in this formidable disease.

### *The Cure.*

The first proposition is, how are we to restore sanguification, or how is fresh chyle to be afforded to the blood? Soon after I ascertained the state of the system in typhus fever, I was impressed with the idea, that if I could keep the knowledge of his disease from the patient, and even from his immediate attendants, I might effect a cure in the most direct manner. It is with much satisfaction I have the pleasure to state, that in no instance has this plan failed me. With poor children, a small piece of money, and a mild and condescending manner, did every thing. With adults, more tact was needful; with these I entered briefly into their little cares and anxieties. I promised assistance, showed a kind disposition, and soothed them under their affliction. I anticipated all the symptoms which were to be expected at the different stages of the disease; I attended closely to the juvenis, and such was my success, that the practice of my profession in typhus fever not only interested me exceedingly, but it also formed a most delightful task. I have attended whole families who were severely attacked with typhus fever, from whom I kept all knowledge of the nature of the disease up to this hour; and I am perfectly satisfied, that by this plan their recovery was insured.

Children are not, by any means, so liable to typhus fever as adults. With the former the lacteals perform their functions in a more certain manner than with the latter. With children, the system (according to the laws of nature) is not only to be supported, but the growth is also to be maintained. Good nurses, whom, by the by, we seldom meet with in country towns, should be well counselled by the medical attendant. The nurses should be steady, sedate, not melancholy, kind-hearted, and encouraging in their manner to the patient. They should never throw away one word. They should never for one moment permit the patient to suppose that the disease is to terminate unfavourably. Deception should never be used, for it is not only immoral, but unjust to the patient: and should he find out that deception has been used, even in the smallest degree, his confidence will be lost for ever.

Nothing discomposes a typhus patient more, than the medical attendants or nurses showing a fear of receiving contagion from him; and though he may not openly express himself to that effect, nevertheless I am satisfied, that something like the following will occur to him:—"How dreadful my disease must be, when even the medical attendants avoid me as much as possible—my case is most severe, perhaps unfavourable." I beg to ask whether sanguification can be restored under such dejecting impressions? Should the patient know of a certainty that typhus fever is his disease, it is the duty of all who have charge of him to soothe him, and to inform him of the favourable symptoms which are present, and to inspire him with confidence in every thing which his friends are doing for him. I have found it needful, in some instances, to make inquiries of the friends of the patient as to his general train of thoughts and actions when in health—his temper—the bent of his genius—his habits, and even his foibles—his antipathies—his taste, and particularly what objects were most agreeable to him—to consult the expression of his countenance—to anticipate his wants—to make particular inquiry as to the state of the senses—to examine with a good lens, the eyes and ears; and should I find the vessels of the cornea fuller than they naturally should be, to order leeches to the forehead, temples, behind the ears, to the neck, or at the nape of the neck, as symptoms may indicate. In determinations to the head, should it be needful to take away several ounces of blood from that part of the body, I prefer cupping, or leeching at the nape of the neck, to general blood-letting. Sometimes I find the best effects from the use of cold applications to the head, such as cloths dipped in iced water, and kept constantly applied to all the shaved part of the head. We are aware that in full habits, at the commencement of typhus fever, general blood-letting is often attended with good effects, but we should hold in remembrance, that if we take one ounce too much, we may thereby prevent sanguification altogether, and therefore, in my opinion, it is better to have a sufficient quantity of lymphatic blood in the system, than to run the risk of having too little of the pabulum vitæ, for the purpose of carrying on the functions of life. In fact, venesection is not called for in nine cases out of ten of typhus fever. In cases where pain of the chest prevails, cupping or leeches should be employed, and blisters should afterwards be used over the same spot.

Let me here caution young practitioners against the repeated use of the lancet when the buffy coat shows itself, for in many cases which have come under my notice, I have observed the buffy coat to be present

after repeated bleedings, and which could not be attributed to any other cause than debility. In the treatment of typhus fever, the cooling plan is indispensable. Pure air, of a suitable temperature, should surround the patient night and day. The bed and window curtains should not be bright, but not sombre; and green is, without doubt, the best colour for such curtains. The patient should be accommodated with a separate room, whether in a private residence, or in a public institution—particularly in the latter, as the sight of the dying and the dead, in fever wards, must produce dejection and even despondency; which, from what I have stated, ought to be most carefully avoided. I have too often been called in to visit patients in the last stage of typhus fever, and have not seldom found them in *articulo mortis*; in some cases, from the unchecked progress of the disease, and in others from the too free use of the lancet. In such cases I have often thought of having recourse to transfusion; and some years ago I purchased an apparatus for that purpose, which I intend to use, should I have the mortification to be called in again in such cases. By the plan of transfusion, a chance for the restoration of sanguification will be afforded. I have found the best effects, in cases of extreme exhaustion, from ablutions of tepid sherry wine. When determination to particular organs is evident, cupping should be performed, or leeches should be applied, as near the seat of such determination as possible, which are to be repeated as required; and over the leeched part blisters may be employed with good effect.

The stomach ought at all times to be charged with suitable doses of carbonic acid gas in the form of carbonic acid water, or of effervescing draughts prepared from carbonate of soda and lemon juice, in the usual manner; which may be given every hour or two, night and day, according to circumstances, whilst, at the same time, emulsion of carbonic acid, in an unmixed state, should be carefully administered, as often as the case may require. I have contrived an apparatus for administering carbonic acid, as an enema, in its unmixed or pure state. I constructed a conical tube, in the form of a jet, which, I think, is decidedly superior to every other. It is so turned as to form a perfect valve, at the sphincter ani, at the same time the old tube, heretofore in use in the administration of enemata, may be had recourse to by those who understand it, or like it better. The quantity of carbonic acid, as well as the suitability as of the time for its administration, as an enema, must depend upon circumstances; but care, attention, and progress in the use of quantity, and the frequency or repetition of this most refreshing and preserving gas, will

require the serious consideration of the practitioner. It is best to begin with small portions of the gas, say two or three ounces, and augment gradually. For many years carbonic acid has been employed in all descriptions of fever, in the form of effervescing draughts three or four times a day: it will be observed, that, in my plan of treatment, carbonic acid is used most extensively both ways, for several days together, in an appropriate manner, and in reference to the proximate cause of the disease, as now promulgated.

Constant care is indispensable; 1st. In observing most attentively the state of the senses, and the operation of remedies upon the system. 2dly. By watching closely the disposition to increased flow of blood to the head, the lungs, the liver, or the stomach; and by regulating and carrying into operation my new plan in a suitable manner, whilst the junction must ever be held in view. In addition to the admission of pure cool air, the body and bed linen should be changed daily. The skin should be kept clean by the use of tepid or, if preferred, cold water; nor need soap be spared. The hair of the head should be kept short, and the head well washed with soap and water. The patient should be permitted to lie upon his side, or back if he prefer it; and in all cases the shoulders and head should be suitably raised. Food should not be forced upon the patient. Animal jellies, broths, and soups, are too often hurtful in the progress of this disease; but when the patient becomes convalescent, this food may be given to him with safety. In general, it is better that animal food were abstained from, except the patient feel hungry, and in some cases I have observed a depraved appetite, which we must be cautious of indulging impatiently. Should the patient ask for any improper description of food during delirium, we may give him something suitable for him, which we may favour to his taste. But in all cases, experience and discretion are to have their full force. The patient may have barley water, tea, toast and water, panada, beef maw soup, and sage, slightly sweetened, and if stimulant be required, a suitable portion of the best dry white wine may be mixed up with the food. The common drink which I have to recommend, is water impregnated with fixed air, which has a pleasant acidulous taste; and forms an excellent beverage for diminishing thirst, lessening morbid heat of the system, and assisting the flow of urine. It is an excellent antientic, and obviates irritability of the stomach. As it is a general rule in typhus fever to keep the bowels open, the citrate of soda of the common effervescing draughts is not required, as aperient medi-

cines should be given according to circumstances only, and not in a general way.

In these observations, I have confined myself to the consideration of the typhus fever of these islands; at the same time it will strike my experienced auditors, that between the epidemic yellow fever of warm climates, and typhus fever of this country, there is a very considerable similarity; and I am of opinion with Sir James M'Gregor, and other eminent medical men, who have had opportunities of witnessing genuine cases of plague, that there is a most close resemblance between that disease and severely marked cases of typhus fever. Dr. Tweedie justly remarks, that if swelling and suppuration of the parotid, of the inguinal or of other glands, and the occurrence of carbuncles, are to be regarded as pathognomic characters of plague, he has met with many such cases in the Fever Hospital. The difference appears to consist chiefly in the uniformity of the swellings in the plague, and the rapidity with which the disease runs its course. This may depend, in some degree, on the climate in which the plague is engendered; as we observe how rapidly fatal the cholera morbus of tropical climates is, compared with the epidemic cholera of this country. I need not point out to you the origin of these swellings, as you will at once refer them to the increased action of the lymphatics in a diseased system, which, under these circumstances, have more than their usual office to perform, and in this case kindly, if I may use the expression, supply the place of the lacteals of the intestines, though it must be acknowledged they are very indifferent substitutes, as all cases of typhus fever will demonstrate.

In conclusion, it will readily be observed, that the details, as to the method of cure, which I have found it useful to enter upon, refer to cases in which the medical practitioner is called upon to visit patients in the advanced stages of the disease; but if my experience does not deceive me, medical men who are called in early to attend typhus cases, should they understand the true proximate cause of this disease, as now for the first time pointed out, will be able (except when organic disease of the brain, lungs, or liver prevails, to effect cures as readily as in intermittent fever, or syphilis.

#### *Management and Diseases of Infants in India.* By FRANK CORBYN, M.D.C.S.

(Concluded from page 762.)

RETURNING to this work, for the purpose of making some further extracts from it, we find some judicious directions on the wash-

ing and dressing of infants. But useful as these may be to an inexperienced young lady, in the back provinces of Hindustan it would be impertinent to introduce them here.

The first month of an infant may be called a life of sleep; the faculty of attention is dormant, so that amidst the loudest noise it sleeps soundly, sometimes for hours together. This is to be encouraged; for nature is gradually bringing into operation the faculties of the external senses, and developing the other functions of its miniature frame.

"Infants should not be confined in a close room, but exposed in one freely filled with air. The period is not long gone by, when the exclusion of air, by shutting up every door and window of a house, was deemed indispensable to preserve health; but now it is too well established to need any forcible argument from me, to show that air and a free circulation of it, is a certain medium of promoting health; and that the exclusion of this pabulum of life is replete with cause of sickness. In hot weather, children ought to sleep and live under a large punkah (fan) night and day: small hand punkahs are decidedly dangerous, as they only cool one part of the body, their motion not being well regulated, for sometimes the servants pull them quickly and then slowly; this is not the case with a large punkah, it is one regular swing, and should be used the second day after the birth of a child. Many will object against this advice, but I beg to observe, that I am speaking from experience. Infants will not sleep when it is excessively warm, their temperature being warmer than that of adults; I therefore consider a large punkah, in the hot weather, to be indispensable, to guard against irritability and disease. It is to be understood, that the motion of the punkah, at this early period, should be exceedingly gentle, and be progressively increased, until the baneful effects of oppressive heat are thereby prevented. We must next avoid damp rooms, or a foggy atmosphere, as many of the diseases of infants arise from moisture; and I call the attention of mothers to watch the child's *ayah*, to look at the infant frequently, to ascertain if the bed be wet, as native servants, unless narrowly looked after, will allow a child to sleep all night in a wet bed: such neglect is decidedly prejudicial. The mother doing this herself in the night time, however, has its objections, as she, being a nurse, ought to obtain all the sleep she can at that period; the other parent will, doubtless, see the expediency of performing this office, and occasionally see that the native

servants do their duty. This country is most unfortunate for female servants; besides being extremely negligent, they sleep, generally, with their heads bound all over, so that they seldom hear when the infant awakes, and the poor little babe will be kicking and crying for help without avail, unless one of the parents send or afford assistance.

"In the hot winds, in the province of Hindustan, it is not unusual for nurses to sit in the direction of a line of doors, through which powerful currents of air from the tatties are passing. This must be forbidden, the centre of the room being quite cool enough, in which situation there is no fear of the child experiencing the effects which result from drafts of wind. It may be important to state when a child ought to leave the nursery after birth. I recommend the first exposure to be made in the verandah, on the third day; and after a lapse of seven or eight, the infant may be safely taken into the open air, but conveyed to those spots only where the country is open and the air pure, being unimpregnated with vapours ascending from stagnant tanks or smoky huts; the effect of such fumes must be evidently deleterious. The spot most to be desired is an open garden, distant from dusty roads. I am decidedly averse to the system of bullock carts which are in ordinary use. I prefer the arms of a servant, and if the child is old enough, its own running about or walking. The former system cramps children's limbs; the latter gives impetus to the circulation of the blood, and strengthens them. The mode by which European nurses carry children is, in my opinion, objectionable, from a similar effect of cramping the limbs, whereas the stride across the hips in use by the natives, not only extends the limbs, but throws back the chest and shoulders, and is both an easy position for the nurse, as well as for the child. It will be expedient to give strict injunctions to the servants, however, never to seat the child on the cold ground; it is their prevailing custom so to do, by which the infant is subject not only to the bites of venomous reptiles, but to bowel disease."

The author recommends the child to be suckled eight times in the twenty-four hours, during the first six months.

"Nurses, heedless of the fact that it takes a certain time for milk to accumulate, fly to the child immediately after the breasts have been drained, by which, instead of milk, the poor infant only gets a little wind and water. To explain the cause, however, it will be necessary to mention, that the food which nurses take has first to undergo the course of assimilation in the stomach, then again in the curvature proceeding from that

viscus, whence it is taken up in the blood; thence by the glands, and finally formed into milk. This process requires time, and if the proper period is allowed, the milk becomes rich, pure, and nourishing; but the reverse of this may be expected, if the breasts are drawn previously to the completion of that process. As milk requires a certain churning before it can be made into butter, so do the functions of secretion need a due proportion of time to form the milk. I might, probably, be more explicit, by supposing we were to be drawing the breasts every half hour; in that case, from the limitation given to the functions alluded to, they would lose the power of secreting, and become dry, which is a very common case.

"It will be advisable to call the attention of mothers to the insuperable desire some infants have to sleep, and it appears to be a degree of somnolency peculiar to India; I believe it to arise ordinarily from the excess of heat. The effect, however, of too much sleep on the infant constitution, when permitted after it has attained its sixth month, is unequivocally prejudicial; it diminishes vital energy, and induces weight and torpor in the head. That sleep, however, in a healthy state, which spontaneously occurs, ought never to be more in infancy than twice in the course of every diurnal revolution of the sun. The hours most advisable are from 10 A.M. to 12, and then from 7 or 8 P.M. until daylight on the following morning. The effect of this limitation will be both to renew the vital energy which has been exhausted during the day, and to assist nutrition. As the child advances, however, into its third year, once in the 24 hours will be sufficient, from 8 P.M. to daylight, and thus, alternate repose during the night, and active exercise and playfulness during the day, will lead to a habit which, when once acquired, will continue immutable through life. When six months old, it should have much exercise, such as being well nursed, which gives an impetus to the circulation, an exercise which adds tone to the stomach, increases the digestive powers, strengthens the limbs, tends to enliven the disposition, and to prevent a heavy, dull, sleepy habit. Some native servants lose all power over themselves from intensity of drowsiness, it is necessary, therefore, to warn parents of the danger of having dull and sleepy *ayaks* for their children. I was informed of an instance of a lady in this country who lost a fine child from the neglect of such a servant, who, having taken the infant in her arms to put it to sleep by walking up and down the room, during the middle of the night, a degree of somnolency affected her, during which the child fell from her, and was killed by the fall."

Mr. Corbyn recommends, that the child be weaned in the ninth month, and that feeding should therefore commence in the seventh.

In the second part, the author treats of the pathology of infantile disease, and quotes largely from other authors. He considers difficult dentition as the cause of fever, convulsion, purging, eruption, water in the head, and marasmus, and accounts for it by supposing, that the irritation of the gums occasions the secretion of a peccant saliva.

"It will, however, be proved by the following arguments, that a corruption and acrimony of the saliva, almost similar to that in the canine madness, is the principal cause, from which all the most dangerous symptoms of dentition are to be derived. Many symptoms of dentition admit of a more natural and easier explanation from this saliva, than from the irritation only, viz. the cough, laborious breathing, the collection of pituitous matter in the breast, suffocation, &c.; swallowing it causes vomiting and diarrhoea. When it possesses a high degree of acrimony, or when its excretion is by any means obstructed, it produces, in sensible and irritable constitutions, hydrophobia, lock jaw, epileptic fits, &c. The acrimony being imparted to the humours, gives rise to fevers, and exanthemata or inflammatory eruption. Inflammatory and other affections of the genitals are owing to the acrid saliva having thrown itself upon the urinary system. A complication of dysentery and dentition is consequently very dangerous, because the bowels are thus likely to be doubly affected. Dentition has been observed to be slight and easy whenever the salivation is considerable, or salival humours evacuated by other excretories of the body. 'There is a great similarity between the symptoms of difficult dentition and those of real hydrophobia, apparent from the impediment in swallowing and other spasmodic affections. Several children, who died of difficult dentition, had bloody stools, attended with a tenesmus. Upon dissecting the body, erosions and inflammations were found in the throat, stomach, and intestines, which were most probably caused by the acrid saliva. Something similar has been noticed in the case of persons who have died of hydrophobia.' The intelligent Dr. Brandis, of Brunswick, advances his opinion of the nature and origin of the dangerous symptoms sometimes observable at the time of first dentition, in his book on Metastases, 1798. Although he agrees with Armstrong and Hecker, that they are not to be derived only from the irritation of the nerves of the teeth, yet he rejects their theories, and rather

thinks that a suppression of salival secretion, has the principal share in producing those symptoms. He observes, that the secretion of saliva is much increased by the topical irritation in the mouth, which becomes very necessary to the constitution of the child, when, in his opinion, the topical irritation is too vehement, in a difficult dentition, and that it extends to the salival glands, and causes a suppression of the secretion of saliva. It may be observed, according to this author, therefore, that the mouth and lips become dry and cold in bad cases; meanwhile there is a great degree of febrile heat in other parts of the body, which is a diagnostic sign of this dangerous disease. He is of opinion, that when the suppressed action of the salival glands is replaced by that of the pancreas, a purging comes on, which generally continues as long as the difficult dentition is accompanied by those symptoms, which contribute very much to diminish the violence of them, and of the concomitant fever; but, on the contrary, when this does not take place, nervous symptoms, convulsions, and a nervous fever arise, which, having a great similarity with water in the head, is very well described by Armstrong, under the name of hectic fever."

The topical signs of difficult dentition are, tumefaction, hardness, and redness of the gums, and pyalism. The general symptoms, circumscribed redness of the cheeks, eruptions on the face and scalp, and the skin generally; looseness, gripings, stools, green or pale, or of a leaden-blue colour, sometimes mucous, often thick and pasty; watchings, startings in the sleep, and spasms of particular parts; a diminution or increased secretion of the urine, sometimes of a milky colour, at others depositing a brown powder; a discharge of matter, with pain in making water; frequent shrieking, and, in certain habits, a swelling of the feet and hands. These symptoms are often followed by cough, difficult breathing, fits, fever, scrofula, and marasmus, and sometimes by hydrocephalus.

"The process of teething, however, in the majority of children, is as follows: it commences usually about the fifth, sixth, and seventh month; the commencement is in the two first under teeth. The first sign is swelling of the gums, and little white specks about the size of a pin's head. In seven days a cut through the gums is observed; and next, if the flat of the end of the finger be moved gently along the gums, the little sharp edges will be felt. In fifteen days they generally come completely through. From fifteen to twenty days, after the two

longer, the two first upper teeth begin to show themselves in the same manner. In a month subsequent to the appearance of the four teeth, two more contiguous to the upper follow; and in another month, or six weeks, two corresponding under ones.—After this there is a considerable lapse of time before others appear, sometimes two or three months; then the four first double teeth, that is to say, the contiguous upper and under teeth on each side, appear together; making twelve. These are sometimes very tedious in making their way through. Two or three months subsequent to this last event, the eye-teeth, the most difficult of all, make their appearance, making in the whole sixteen. Some children cut eight double teeth before the eye-teeth, making sixteen. When a child is two years old, he cuts four more double teeth, in some making twenty."

Dr. Brandies explains the occurrence of these concomitant or consequent affections, by his theorem of metastasis; "That when certain actions in any organ, or system of organs, cease, or are by any means diminished, they must be replaced by another action in another organ, or system of organs of the body, dependent on the former action. The first may be called the original, the second the viceregent action." With due deference to the worthy Brunswicker, we hold, that the various ailments attendant on dentition may be more rationally accounted for, by the increased susceptibility of the nervous system. The constant irritation excited in so sensitive a part as the mouth, affects the sensorium, and, through that, the entire frame.

Many of the diseases of infants in India do not differ in character from those occurring in Europe; it would, therefore, be a work of supererogation to quote such parts as relate to them. We shall set before our readers such extracts only, as may tend to illustrate the peculiarities of Indian disorders. On impeded perspiration, we have the following pertinent remarks:—

"At all times there is a great quantity of excretion passed off by the skin, which gives perspiration that unpleasant smell which accompanies it. Sanctorius, an Italian physician, who indefatigably passed a great many years in a series of statical experiments, demonstrated long ago, what has been confirmed by later observations, that the quantity of vapour exhaled from the skin and from the surface of the lungs, amounts nearly to five-eighths of the aliment we take in; so that,

in the warm climate of Italy, if a person eat and drink the quantity of eight pounds in the course of the day, five pounds of it will pass off by insensible perspiration, while three pounds only will be evacuated by stool, urine, &c. But in the countries where the degree of cold is greater than in Italy, the quantity of perspired matter is less. In some of the more northern climates, it is found not to be equal to the discharge by urine. The perspirable matter bears great analogy to the urine; for when either of these secretions is increased in quantity, the other is diminished, so that they who perspire the least, usually pass the greatest quantity of urine, and vice versa. Another grand effect induced by this discharge from the skin is to carry off the superabundant heat. When the skin is moist with this fluid, it is always cool; when there is no moisture, it is hot; so that all the heat of the body going through this moist skin, refreshes the whole constitution; this principle is exemplified by a tattee in India. A hot wind blowing through wet grass occasions a cool atmosphere; it is exemplified in cooling wine and water: wet a cloth, put it over a bottle in a draft of wind, and the wind blowing over the wet cloth of the bottle cools the liquor. It is exemplified by spirits of ether: drop this upon the skin, and a rapid evaporation takes place, and produces excessive cold. It is exemplified in making ice in India: water is placed in shallow pans, and the wind blowing through grass over the water, produces the evaporation and freezes the water. I can explain it, however, I think, more clearly, by stating the ignorance of an apothecary, who, being called to see a lady with violent headache, and having heard that applying ether to the head was an effectual remedy, wetted a cloth with that spirit, and retained it, with the flat of his hand, over the temples; thus, instead of producing cold, produced excessive heat, because the evaporation was prevented by the hand. The pain of the head increased to almost an insufferable degree, and the lady would have died from inflammation of the brain, had not other medical assistance opportunely arrived, who, throwing off the cloths, dropped the ether on the temples, which producing excessive cold from the rapid evaporation, the lady speedily recovered. This instance shows, that the ignorance of applying remedies is fraught with the most imminent danger; but it especially exemplifies the process and effect of perspiration on the skin; that as long as it freely exhales, evaporation takes place, and cold is produced; but if any thing shuts up the pores and retards the evaporation, heat is induced.

"Thus, having described the circulation and effect of perspiration, we deduce the

following facts, viz.,—That in health, the large trunks of the arteries are freed from superabundance by a free discharge of the exhalents; that the arteries are brought to due action by the nerves; that excessive heat is prevented when the foregoing functions are not impeded; and that sudden death, from the obstruction of alvine and urinal discharges, is precluded; all depending on a free perspiration, and all liable to be produced when that is checked. The first effect, therefore, of a check of perspiration is, that the arteries in their large vessels become overloaded, and the bowels are distended with blood, the liver filled, and consequently the stomach and the head. The second effect is, an increased exertion on the part of the nerves to remove the load and to push the blood onward, which excites the most violent pain, and is experienced sometimes to an insufferable degree in the limbs, chest, and head, while the lungs pass off a hot and hurried breath. The third effect is, the urine becomes also hot and acrid, indicative of confined and accumulated heat. The fourth effect is, on account of the quantity of accumulation, there is no desire for replenishment, therefore no appetite. On these grounds, we also account for the depressing sensations of lassitude and fulness. The fifth effect is, that all the secretions are lessened, because there is no replenishment, therefore there is a deficiency of pancreatic juice and bile, evinced by an interruption of alvine discharges; of gastric juice, evinced by loss of appetite and sickness; of saliva, evinced by a parched, dry tongue; and of urine, by scanty discharges. Such is the serious consequence of checked perspiration; it is fortunate, however, that a complete check scarcely ever takes place. Violence of disease depends upon the degree of the deficiency of perspiration; when it is great, one of the first diseases produced is fever."

We occasionally hear of the poetry of acting, and oftener of the poetry of painting, the following may be considered an example of the poetry of pathology.

"An infant, after attaining its seventh month, has a peculiar brilliancy in the eye, and if in health, from this period to the eighteenth month, has a delightful vividness and loveliness of countenance. In the upper provinces of India are found, especially in the cold weather, delicate, rose-coloured cheeks, and lips of fine red, while the soft whiteness of the skin combines with the whole to form a countenance exceedingly beautiful. The opening faculties of the mind, at this interesting period, appear to the delighted parents. The articulating powers begin to call the endearing names of papa and mamma. But at this

moment, like a cloud passing over the sun, and hiding his cheerful radiance, the office of the eye ceases to smile through its windows; the cheeks, to catch with its playful hands, to gaze with its lovely eyes, and to sing its cheerful, broken notes; the eyes become dim, the cheeks pale, and the hands droop; the lips become dry and parched, and the little sufferer expresses itself with a peevish moaning, calling for drink, while the skin is exceedingly hot, especially the head, the palms of the hands, and soles of the feet. In many instances, there exists an accumulation of phlegm, which invariably accompanies thirst. This phlegm, rising in the throat, excites a cough, and the cough producing much irritability, excites difficulty in breathing. These symptoms lead the parents to conclude that the child has got a cold, they, therefore, give a little antimonial wine, or James's powder, in the hope that all will soon be well again. But the excitement of the fever, being unknown to the parents, goes on burning like a little fire put to a great quantity of fuel, until (unless the fire be removed) the whole is lighted up and consumed, for the thirst increases, and instead of moaning, the child screams in great pain, the skin becomes much hotter, and the hands are constantly directed to the head. The white part of the eyes, at this moment, becomes inflamed, and the whole features partake of a deep flush; the respiration is deep and difficult, because it is rapid. The head is often changed from side to side, and the child turns quickly from its back to its stomach, rises up hastily, and as suddenly lies down, in one continued restless change of position. The urine is pale: continued efforts made to evacuate it are in vain, as it only drops in small quantities; the little limbs draw towards the stomach, and the infant coils up; the pulse is full, feeling as if the caliber of the artery could hold no more. I must here digress to remark, that no dependence is to be put on the number of times the pulse beats in a minute in a child, because even in the finest health an infant's pulse is so rapid, that it is often impossible to count the number of pulsations in a minute. The skin is perfectly dry, apparently cracked, and scurfy; the bowels bound, and the stomach hard and large. In this state symptoms increase and terminate in convulsions."

"In convulsions, the iris loses its sensibility, the pupil becomes expanded, and the hands are firmly clenched."

"In many cases convulsion commences in partial squinting; sometimes both eyes will be looking, as it were, in quite opposite directions. It is not unusual that one eye only is fixed; it occurs in rare cases,

however, that the whole body is stiff; in other cases, the limbs merely are contracted; in many, the teeth are shut, and firmly fixed, the whole countenance being distorted. But the accession of convulsion is generally known by the eyes becoming fixed, a continued struggling of the limbs in rapid succession, with such an energy and power of the muscles, that it is impossible often to hold the child in the arms; indeed it requires great force to keep the poor little sufferer in its bed; the countenance becomes much distorted, and a discharge of saliva from the mouth generally terminates the awful paroxysm. These convulsions return sometimes every five or ten minutes, or every half hour, or twice a day, or daily, according to the violence of the fever.

"It will be found an invariable symptom, in all cases of convulsions, that the forehead is burning, as well as the palms of the hands, the breast, and the soles of the feet. I shall here add the sentiments of Mr. . . . a late popular writer on convulsions . . . drea, who gives the following sensible observations why children are more susceptible of convulsions than adults:—'The great disposition of infants to nervous affections is not to be wondered at,' observes this author, 'when we consider that the habit of bearing either external or internal impressions is yet to be acquired. Every stimulus acts in an inverse ratio to the frequency of its application; and, until the frail mind and body of the infant are accustomed by habit to have their powers acted upon with impunity, the most hazardous susceptibility must necessarily exist. The muscles, during infancy, are pale, soft, and fragile; their contractions are quick, frequent, and feeble; and the external surface of the body is endowed with a very high degree of sensibility, in consequence of the nerves being covered only with a very fine thin cuticle. Hence, from very slight impressions arise very powerful effects. The circulation of the blood is very rapid; the arterial pulsations nearly double those of the adult; the capillary circulation is also infinitely more active; the lymphatic system exerts a more powerful influence upon the general economy of the infant than upon the adult. The muscular fibres, as well as the skin, is highly sensitive; the nerves are large in proportion to the size of the body; they resemble medullary pulps. Both the cerebral and ganglionic nerves are much more strongly developed in relation to the body than at any other period of life; the brain is large, and the nerves which proceed from it are of a very considerable size. As we advance in years, and the muscular fibres become firmer, our susceptibility to external impressions is consequently diminished.

Hence it is, that in proportion as we advance in years, convulsions are less likely to take place; they sometimes occur during the period of youth. In the adult they are rare, and they scarcely ever happen in old age. The sensations of a child are quick, but transient. When any reaction takes place in the system, it is powerful and sudden, and coincides with the general mobility—motion, indeed, is the language of an infant."

The account of cutaneous diseases is concise, but we have not room for it. The section on hydrocephalus is chiefly derived from the works of Dr. Nicholl, Mr. North, and M. Magendie, and consequently contains nothing that is not familiarly known to the public. Mr. C. treats fully of febrile and phlegmasia, and dwells particularly on the exanthemata, but our space will not permit further extracts; there is also a comprehen-

. . . a . . . of all that has ever been published on worm affections. His treatment of diseases in general, does not materially differ from that adopted in Europe.

In conclusion we have to observe of the author that he is an industrious man, has read much, and collected together a tolerable quantum of knowledge; but he does not possess a logical head. The work is extremely ill arranged; and the reader often finds himself in a labyrinth, from which it requires some calculation to discover a passage. The discursive nature of its contents has enabled us to make so many extracts.

From Mr. Corbyn's testimony, we regret to find that a scarcity of medical men exists in our Indian provinces, an evil which is oftentimes attended with the most calamitous consequences. This arises from the exclusive policy of the Company's government, which prevents all, except such as hold official appointments, from settling in its dominions. It is to be hoped that this oppressive system will speedily be overturned, that both the blessings of European medical skill may be conferred on the millions of our Indian fellow subjects, and a fruitful source of occupation and emolument be opened to the enterprising and intelligent members of our profession.

## THE LANCET.

*London, Saturday, September 19, 1829.*

There are some medical officers, whom we much wish to see included in the general advantage derivable from *RIIONM* in the government of our hospitals;—we mean those venerable, hard-working old gentlemen, who retain their situations in hospitals by an occasional visit on a board or consultation day. We would, however, do so with as little violence as possible to their infirmities and emoluments. Their pupils or apprentices, for example, might enjoy all the immunities to which they had been entitled while their masters were on active service, and the dividend of the hospital fees might be transmitted to them by post, if the gout, or the state of the weather, or the temper of the considerate housekeeper, should render it inconvenient for them to be present at the division of the spoil. We would also indulge them by retaining their names and titles in the red book, and also in advertisements and title pages. In short, every indulgence, calculated to amuse in their second childhood, consistent with professional honour and public security, should be allowed them. Though they would thus be obviously the first to profit by this arrangement, it may be an additional incentive to them to consent to it, when they know that its good effects would extend even beyond themselves. By adding to their numbers, and filling up the blanks in the hospital lists, the old gentlemen may probably perceive, that the business of each officer becoming less, it would stand a fair chance of being better done; that if “gratuitous duties” increase those which happen to be remunerated, and thus occasionally detain the surgeon from the hospital, there would be a chance of some competent person being present to represent him in his absence; that the pupils being divided among a greater number of preceptors, the confusion

from “walking the wards” would be less, and the opportunities for acquiring information infinitely greater; that a field would thus be opened for improving and eliciting talents, which slumber in oblivion for want of favourable circumstances to make them public; that, in short, the interests of humanity and of science would be vastly promoted by their consenting to agree to some such arrangement as we have suggested. If they do not voluntarily adopt it, the GOVERNORS, anxious for the faithful discharge of their trust, and in an enlightened and humane spirit, will ultimately compel them to do so without consulting their wishes.

We need not name the hospitals which have elicited these remarks. The reform here hinted at may also be introduced with some effect into a certain Court of Examiners.

MR. A. WHITE has been elected to the office of EXAMINER in the Royal College of Surgeons, vacant by the death of Mr. Wadd. The emoluments amount to about eight hundred pounds per annum.

THE apothecary of the St. George's and St. James's Dispensary having lately resigned, the physicians of that institution, (with a praiseworthy spirit which we could wish to see more prevalent among the medical officers of public charities), considered it an excellent opportunity for trying the effect of a *pure election*, viz. by competition and examination, resolving to give their utmost support to the candidate who should seem best qualified. They communicated their intentions to their surgical colleagues, who all appeared most cordially to approve of the plan. The monthly committee of management were then made acquainted with the unanimous resolution of the medical officers, and a day was appointed for the examination. It was also intimated that any attempt to commence a *convoce*, by candidates or their friends, would be considered premature and highly improper.

A series of written questions was then prepared, on the different branches of medical education, and delivered to the candidates, a number of whom presented themselves on the day of trial. Of course, he who should answer the greatest number of questions in the most satisfactory manner was to be considered best qualified, provided he was of good moral character; the answers to be sealed up, and designated by a motto, referring to the name, &c., in the usual manner.

The different papers having been carefully compared, two of great merit were selected; the authors of both were considered eligible candidates, but the support of the medical officers was confined to the gentleman whose paper seemed the most meritorious of the two. On referring to the names, the first was found to be written by Mr. Stratford, the second by Mr. Robertson; the former a stranger to the medical officers, but they were much gratified to learn that their choice had fallen in so impartial a manner upon a gentleman who, by report, was understood to be eminently qualified for the situation, having served some time as a medical officer in the army, and subsequently assisted a gentleman in a large private practice, being twenty-seven years of age, and of excellent moral character. The paper third in merit, written by a Mr. Robins, was so inferior to the other two, that the examiners did not consider it of sufficient excellence to entitle its author to become a candidate; but the name having been *improperly* referred to before this point was settled, it was contended by some, (whose object was not perceived at the time,) that having seen this gentleman's name, it would be *improper* to prevent his coming forward! This was, from courtesy, acceded to by the majority, especially as there seemed little chance of his success. Unfortunately, however, for *purity of election*, this Mr. Robins is cousin to one of the junior medical officers of the establishment, and late pupil to the *ex.*, or rather consulting physician. Notwithstanding the pledge to support the most meritorious candidate, it was soon discovered that a secret and vigorous canvass had been carrying on in favour of Mr. Robins, for some time previously to the examination, and when an application was made to a governor in behalf of Mr. Stratford, the answer gene-

rally was, "I am very sorry, Sir, that I knew nothing of all this, but my vote has been engaged some time for Mr. Robins." One of the medical officers, who had been thus employed, took care, on the day of election, to vote for Mr. Stratford!

Another, who reminds us of the fable of the man and his ass in his endeavours to keep well with either party, was very busy collecting votes for both, and voted for neither! Of course, like our friend in the fable, he pleased neither side, and was scouted by all. These secret and unexpected proceedings turned the scale in favour of Mr. Robins, who, at the election, was declared to be the successful candidate.

The physicians immediately bestowed on Mr. Stratford the only mark of attention in their power, viz. a free ticket to their practice at the dispensary, deeply regretting, at the same time, the means which had been used to deprive the institution of the services of a gentleman so well qualified, in every respect, to have filled the vacant office.

We have thought it our duty to publish an account of the disgraceful intrigue practised on this occasion, in order to apprise the governors of medical charities of one of the methods by which their benevolent intentions are sometimes frustrated.

Dr. George Gregory would do well to look to this.

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Having concluded the very excellent and admirable lectures of Dr. Blundell, we this week present our readers with the introductory lecture of Dr. William Hunter, delivered in October, 1775: and a lecture on typhus fever, delivered at the Sunderland Infirmary, by Dr. Clanny. The last-mentioned gentleman is already known to the profession by the scientific manner in which he has investigated the subject of the present discourse, which contains views of great practical importance. The lecture of Dr. Hunter, will be read with much interest, especially at this period of the year, when we hear of little else than introductory addresses. To some lecturers it may prove of very essential service, and to pupils it will be an agreeable type of times gone by. The concluding sentence, is singularly characteristic.

## INQUEST ON THE LATE MRS. PHILLIPS.

"There are many facts connected with this extraordinary transaction, which, in justice to all parties, must yet see the light. These we shall communicate in our next number." Such was our language while speaking of this inquest last week. But our readers will pardon us for not redeeming the pledge, as the publication of the facts referred to might paralyse the arm of the law. Public curiosity, although painfully alive to the subject, must suffer a further denial; but not, we believe, of any extended duration, as an inquiry is on foot, which, it is evident, must be directed, before its termination, by magisterial authority. Some of the facts sworn to on the inquest are known to be false; this, and a knowledge of circumstances of a very mysterious nature, have given rise to rumours, some of which involve nothing less than the crime of *murder*. Many depositions have already been taken, and the rector and churchwardens of the parish are anxious for the interference of the magistrates.

## ANEURISM OF THE INNOMINATA, TREATED BY TYING THE SUBCLAVIAN ARTERY.

By JAMES WARDROP, *Surgeon to the King*.

HAVING fully explained in my work on Aneurism, and, previous to that publication, in the pages of this Journal, the pathological principles which led me to operate in aneurism, by placing the ligature on the *distal* side of the tumour; and the soundness of these principles having not only been recognised, in a manner highly gratifying to me, by the distinguished surgeons of this country but by those of the Continent also, and the new operation having been successfully practised by others, I am eager to embrace every opportunity of submitting to the profession any circumstance which may serve still further to elucidate this important subject.

And although the principle, that it is not necessary for the cure of an aneurism that the circulation of the blood in the tumour be completely stopped, has been established, and the fact, that aneurism may be cured by tying the vessel on the *distal*, as well as on the *cardiac*, side has been proved, yet, at the time my work was published, in only two instances had the new operation been adopted, and the artery tied on the distal side of an

aneurism, when large branches intervened, between the ligature and the sac; and an opportunity had not occurred of ascertaining the effects of such an operation by examination after death.

No apology, therefore, appears to me necessary, for taking this early opportunity of publishing the mode of termination, and the appearances observed after death, in the case of Mrs. Denmark; a case which, whether we consider the importance of the pathological principles which it has been the medium of developing, or the operation performed for her relief, has created a more intense interest than perhaps any operation of modern times.

In the *LANCET*, of Sept. 9, 1828, more than twelve months ago, I published a report, being the fourth after the operation, and then stated:

"The following is the present state of the patient: (Aug. 8, 1828 :) She is more reduced in point of flesh than at the period of the last report, but this has evidently been owing to the attack of bronchitis, and the severe measures to which she has been subject, for, within the last six weeks, she has regained her former appetite in a wonderful manner; the difficulty of respiration has greatly diminished, so much so, that she can now sleep in the natural position, and she is entirely free from the dreadful sensation of threatening asphyxiation. No tumour is perceptible in the situation of the aneurism, but an unnatural feeling of hardness can be perceived at the root of the neck, immediately above the sternum, arising, no doubt, from a condensation of the aneurismal tumour. The right carotid artery still pulsates, although not so strongly as the left; its pulsation corresponds with that of the heart, but its branch, the temporal artery, affords no indication of the circulation of blood; the right radial artery beats with about half the strength of the left. She suffers none of those pains in the regions of the neck, shoulder, and back; nor has she, for a long time, experienced any of those severe headaches which formerly gave her so much uneasiness. The oedema of the feet has entirely disappeared, and she takes exercise in the open air daily."

For some time after the date of this report, no change took place in Mrs. Denmark's state. She occasionally suffered from severe attacks of dyspnoea, which were generally

speedily relieved by blood-letting. In about three months, however, a swelling was perceived in the space immediately above the sternum, and a tumour arose, which, as it advanced, occupied the centre of the neck, and covered the inferior portion of the trachea.

In the course of some months afterwards, a second tumour made its appearance, occupying the site of the root of the right carotid artery, and extending up the right side of the neck. These two newly-formed swellings were so intermingled at their base with the firm and consolidated remains of the original aneurism, that the whole formed one formidable mass, the limits of which could not be ascertained by the touch, and could only be a matter of conjecture.

Many opinions were hazarded as to the origin and site of this tumour; my own opinion, however, of the seat of the disease remained unaltered; and I now deliberated on the propriety of tying the right carotid artery. It must be recollected that when I first contemplated tying the subclavian in this case, I did so from the firm conviction that nature had already obliterated the right carotid, that vessel having long ceased to pulsate; and as sufficient time had elapsed, from the application of the ligature to the subclavian artery, to allow coagulation in the tumour to take place, to a certain extent, before the channel through the right carotid was re-opened, when the circulation through that vessel was observed on the ninth day after the operation to be imperfectly restored, it was a most unexpected and unpromising occurrence; nevertheless the tumour continued to decrease, the distressing symptoms to disappear, and the patient's health to improve, up to the publication of my last report.

However firmly I adhered to the original opinion I had formed of the seat of this aneurism, there were some surgeons in whose discrimination and judgment I had the greatest confidence, who were dubious of the precise seat of the tumour. Such doubts, in a case of so difficult diagnosis, together with a consideration of the severity and danger of tying the carotid artery, even under the most favourable circumstances, were to me sufficient reasons for not performing that operation. I therefore endeavoured to prolong the patient's life, and, if possible,

to mitigate the severity of the symptoms, by a rigid system of depletion.

The aneurism now continued to enlarge, and increased in bulk till the beginning of January last, when it attained its greatest magnitude.

Since that time very little alteration in the state of the tumour had taken place; the sternal portion enlarged a little, the respiration and deglutition were both somewhat affected, and the former considerably so at times, from a copious secretion of watery mucus into the bronchiz. The patient's general health varied: she was sometimes comfortable and cheerful, at others, languid and feeble; the appetite always continued good. About two months ago, general anasarca came on; but when it had increased so as to considerably distend the integuments, the fluid drained off from an opening in the inferior extremities. The disease recurred, but to no great extent. During this time she became weaker, and at last was affected with a violent diarrhoea; which, although checked soon after its accession, reduced her so much, that she gradually became more and more exhausted, and expired on Friday last, the 13th inst.

#### *Dissection.*

The bulk of the aneurismal swelling had not diminished after death. On removing the integument of the neck, the tumour occupied the central space between the two sternomastoid muscles, the sternal portions of each of those muscles passing over the side of the tumour. The mass may be said to have been composed of three divisions: one sternal, arising immediately above the sternum; another passed upwards along the trachea; and the third was the original portion of the aneurism, which had consolidated by the operation. These three masses formed, in conjunction, a lobulated tumour larger than a turkey's egg. It had adhered firmly to the sternum, and had caused the absorption of a portion of that bone.

The aneurismal tumour, as might have been expected, from no diminution having taken place in its bulk after death, felt like a firm, fleshy mass. On laying it open longitudinally, it appeared nearly solid. The coats of the tumour presented the usual appearance observed in true aneurism; the clavicular and tracheal portions of the sac

were filled with firm coagulum, the cavity of the aneurism being chiefly limited to the division between the sternal and tracheal portions, and was about the size of a walnut. The layers of the coagulum were remarkably firm, and of a pale colour; being of a softer consistence and darker colour, as they approached the boundaries of the aneurismal cavity.

*Heart*.—The parietes of this organ were thinner and softer than natural, but no other change of structure could be perceived.

The only change to be perceived in the *aorta* was that the coats had a deeper tinge of yellow than natural, rather thicker, and had a few small points of ossification. The size of the artery, natural.

On cutting into the *innominata* from the *aorta*, the aneurism was found to have originally extended from its origin to its bifurcation.

The *subclavian artery* is divided at the place where the ligature had been applied, and both the cardiac and distal orifices are contracted, and the sides of the vessel coalesce, and adhere firmly together, so that a probe cannot be passed further along the canal than to within about a quarter of an inch of the distal end of the divided vessel.

*The Right Carotid*.—Pervious, and quite healthy.

*The Lungs*.—Healthy; the lining of the bronchus rather redder than natural, and contained a preternatural quantity of mucus.\*

The result of this dissection leads to some important conclusions. In the first place, it establishes the correctness of the *diagnosis*, and, further, it proves, that if, in those cases wherein the physiological and pathological principles I have advocated, can lead to a practical application, success, according to the new mode of treatment, may be confidently anticipated. It also proves, that to whatever degree the progress of aneurismal swelling of the *innominata* may be arrested in its growth, by the closure of the subclavian, yet the current of the circulation through the carotid, will be sufficiently strong to extend the walls of the vessel in the direction of that current.

\* The preparation will be deposited in the Museum of the College of Surgeons.

I have, in another place, demonstrated by dissection, that the closure of the carotid is not in itself sufficient to prevent the increase of an aneurism of the *innominata*, a fact which was illustrated in the case of Gordon,\* wherein the carotid was obstructed by a spontaneous process of cure, yet the aneurism continued slowly to enlarge, and that portion of the tumour contiguous to the carotid, as in Mrs. D.'s case, contiguous to the subclavian, became consolidated.

In my work on aneurism, I have taken some pains to point out a rational means of forming correct *diagnoses*, founded on anatomy and well-known principles of pathology, by which surgeons may, in future, be enabled to distinguish the site of aneurismal swellings at the root of the neck. To a want of this knowledge, and in consequence of no author having even attempted to supply so important a deficiency, may be attributed the distressing and fatal blunders of many eminent surgeons. The details of this case afford satisfactory evidence of the soundness of these diagnostic precepts.

Charles Street, St. James's Square,  
September 16th, 1829.

## FOREIGN DEPARTMENT.

### EXPERIMENTS ON THE BITE OF A RATTLE-SNAKE.

M. BECKER, of Darmstadt, had in October, 1828, an opportunity of observing a rattle-snake six feet in length and two inches thick; on which he made some experiments. Two rabbits, the one of white the other of brown colour, were placed in the cage of the animal, which, however, did not take the least notice of them, although irritated with a stick. Another rabbit of black colour, being now put into the box, was immediately bitten at the side of the right eye. Three minutes afterwards, spasmodic contractions round its nostrils became visible, the convulsions speedily extended over the whole body, and, after having lasted for a few minutes, the animal fell on its side, apparently lifeless; all on a sudden, however, it started up, but fell down again, and was completely dead eight minutes after the infliction of the bite. In a second experiment, a brown rabbit was put into the cage, and, during six minutes, very unconcernedly walked over

\* Vide Work on Aneurism,

the snake, which, however, suddenly aroused itself, and bit it near the ear. After four minutes, the first effects of the poison were visible, the animal becoming restless and convulsed: after ten minutes, life was completely extinct. It is worthy of remark that, contrary to the general opinion, the animals did not exhibit the least symptoms of fear at the sight of their enemy.—*Lus.*

#### CÆSAREAN SECTION.

A female, 33 years of age, of a good constitution, but whose bony system was extensively deformed by rickets, was examined by Dr. Muller, of Locwenberg. After two days of ineffectual labour, the upper aperture of the pelvis measured, in its antero-posterior diameter, not more than two inches and a half; and the cavity of the pelvis was, in some parts, only eighteen or twenty lines: the waters had escaped, and the child exhibited distinct signs of life: the mother was greatly exhausted. Under these circumstances, the Cæsaean section was decided upon, and performed in the linea alba; the child was extracted along with the placenta; the hæmorrhage was not very great; the wound was immediately closed, and had perfectly healed on the forty-second day after the operation.—*Rust's Magazin.*

#### DISCHARGE OF A TUMOR, PICTIFORM, THROUGH A SPONTANEOUS OPENING IN THE ABDOMEN.

A middle-aged female, who was pregnant for the first time, had, very near the time of her delivery, a fall from a considerable height, which brought on an attack of syncope, violent flooding, and pain in the abdomen; these symptoms yielded to a vigorous antiphlogistic treatment, but returned about a month after the accident, without being accompanied by real labour pains: the movements of the child had ceased since the fall. After a few days, an inflammatory tumour formed in the umbilical region, which caused a very painful burning sensation. The genitals were tumid and slightly swollen; the os uteri had not dilated. The tumour gradually increased in size, and, after four days, spontaneously burst, and discharged a large quantity of very fetid serous pus; the aperture gradually became larger, and, on examination of it, the fœtus was felt, and extracted in pieces, and completely putrid. During this operation the uterus repeatedly contracted, and the infusion of camomile flowers, which was injected into the wound, escaped through the vagina. The lochia were discharged partly through the vagina, and partly through the wound. Under the use of tonic medicines, the patient regained her strength, and the wound was completely

healed seven weeks after the extraction of the fœtus.—*Ibid.*

#### DESCRIPTION OF AN UTERUS, EIGHT YEARS AFTER THE CÆSAREAN SECTION.

In Graefe and Walther's Journal, M. Mayer, of Bonn, gives the following description of the uterus of a female, on whom M. von Walther had performed the Cæsaean operation eight years previously. The preparation is placed in the museum of the university. The uterus is of its natural form, size, and consistence; its longitudinal diameter being two inches and seven lines, and the distances between the insertion of the Fallopian tubes one inch and ten lines. At the external surface of the anterior paries a furrow three lines in length, indicates the place where the incision was made; the peritoneum is very firmly adherent to it. The edges of the wound were found to have considerably contracted; and appeared to be, as it were, turned in towards the substance of the uterus; at the inner surface the cicatrix was a little more inferior, and larger by half an inch than exteriorly; it extended as low as the neck of the uterus, where it was one line and a half in breadth. The anterior paries of the uterus, in the neighbourhood of the cicatrix, was three lines thick; the corresponding portion of the posterior paries was four lines. The cavity of the uterus was perfectly natural, except that there was a very thin fleshy polypus at the neck; the left tube and ovary were perfectly natural; those on the right were adherent to each other by plastic lymph. The ovaries exhibited numerous cicatrices.

#### THE PARISIAN HOSPITALS.

The Hôtel Dieu of Paris generally contains between 1000 and 1200 beds; the Hôpital de la Pitié, 600; St. Louis, above 800; La Charité, 300; the Hôpital des Vénériens, about 650; des Enfants, 550; St. Antoine, and Beaujon, 140; Cochin, 100; and the military hospital of Val de Grace, above 1300 beds. During the last winter the hospitals were rather crowded; la Pitié often contained 700 patients; and the Hôtel Dieu, 1124, of whom 823 were physicians', and 301 surgeons' patients. Of the physicians', M. Petit has 113 patients under his care; M. Borel, 92; M. Recamier, 89; M. Husson, 134; M. Gueneau de Mussy, 131; M. Martin Solon, 90; and M. Caffard, 123. Of the surgical patients 133 are Dupuytren's, 77 Breschet's, and 92 Sanson's.

#### DISLOCATION OF THE PATELLA.

The possibility of this kind of luxation having been contested by very distinguished

surgeons, the following account, taken from *Rust's Magazin für die ges. Heilk.*, will perhaps be read with interest.

A hussar of the guards, 20 years of age, of a good constitution, having kicked violently, with his left leg, the horse of the soldier next to him, felt so much pain in his left knee as to be unable to alight without assistance. On examination, the internal edge of the patella was found to be fixed between the femoral condyles, the external edge protruding exteriorly under the skin. The anterior surface was turned somewhat interiorly, the posterior towards the outside, the patella was fixed in this position by the contraction of the extensor muscles; there was no swelling, and the patient had no pain when the leg was kept extended, but the slightest attempt to bend it caused intolerable suffering. Several fruitless attempts having been made to relax the extensor muscles, and it being by all means necessary to remove the patella from the place which it occupied, the division of the ligamentum patellæ was at last resorted to; during this operation, which did not cause much pain, the subjacent capsular ligament was slightly wounded; on attempting to replace the patella now in its natural position, it was found to be as firmly fixed as before the operation. The patient was bled to eighteen ounces, and had forty leeches and ice applied to the knee; violent inflammatory fever however ensued, accompanied by excessive pain in the wound and surrounding parts, especially at the internal condyles of the tibia; a discharge of purulent matter and of the synovia took place from the upper part of the wound; very soon afterwards an abscess formed at the inner side of the articulation, and discharged about five ounces of fetid pus mixed with coagulated blood. Four months after the accident, suppuration having continued, the amputation of the limb was decided upon, when the patient was taken with chronic enteritis, which proved fatal, about eleven months after the accident. On examining the body the intestinal canal exhibited distinct traces of inflammation; the capsular membrane of the knee-joint was thickened and firmly adhered to the surrounding parts; its cavity contained a small quantity of pus; the cartilage on the femoral condyles had disappeared, and the bone was completely denuded, but not carious, the cartilage of the patella was also destroyed, the bone was altogether somewhat smaller than that of the other side; and its internal portion was adherent to the condyles of the thigh. Behind the internal vastus along the linea aspera, a great purulent excavation was found which opened by means of fistulous canals into the anterior and interior portion of the knee-joint; the thigh-bone itself was carious in several places.

## HOSPICE NECKER.

### LITHOTRITY.

One of the wards of this hospital has lately been confided to Dr. Civiale, and will in future be exclusively destined for patients affected with stone in the bladder. Two "stances" have already been held in the presence of M. Ballos, chirurgien en chef of the hospital, and of a great many physicians of the metropolis and the neighbourhood. In the last "stance," on the 5th of Sept., the operation was performed, for the eleventh time, on a patient, 71 years of age, of a very weak and exhausted constitution, who for some years had been affected with a very large stone, which had been ascertained to consist chiefly of the oxalate of lime. After the operation no trace of calculus was found to have remained in the bladder. The second patient was a middle-aged man, who, besides the stone in the bladder, had strictures in the urethra. The stone consisted of phosphate of lime, and was, after the previous use of bougies, broken to pieces, and extracted or voided with the urine; it is however doubtful, whether there are not still some fragments left.—*Lancet. Franç.*

## ST. THOMAS'S HOSPITAL.

### ACUTE SCIATICA.

BENJAMIN HART, a gardener, aged 37, was admitted by Dr. Roofs, into George's Ward, No. 36, on the 23d July. The patient stated that he was attacked suddenly, about three weeks previously, with violent pain in the left hip, taking the course of the sciatic nerve. The pain is very acute on the slightest pressure, and is easily produced, too, by pressure over the nerve in the ham. There is increased heat of skin over the whole surface of body, and especially at the hip; there is not any swelling of the parts; on the contrary, the muscles appear flabby, and rather wasted. The pain is constant, and prevents much sleep at night, but becomes excruciating on the slightest movement of the limb. Tongue coated, and he feels very thirsty; bowels have been open once to-day; pulse 104, full, and rather strong. Cannot in any way account for the attack.

Ordered to be cupped at the part in pain, to a pint, immediately.

*Submuriate of mercury, five grains;  
Opium, half a grain, every six hours;  
Milk diet.*

24. Bowels confined; has slept somewhat better. A dose of house medicine.

25. Bowels have been well operated on by the house physaic; skin cool; tongue

legs coated; pulse 78, full, but more soft; has passed a better night, and can bear rather more pressure on the nerve, but the pain still considerable at the hip.

A pint of blood to be extracted by cupping from the part in pain. Continue the mercury, with a quarter of a grain of opium, and quarter of a grain of tartarized antimony, every six hours.

27. Mouth affected with mercury; little pain of hip, except on motion; pulse 84, soft; bowels open. Omit the pills, and gargle the mouth with chlor. of soda wash.

29. Continues to improve; can now bear tolerably firm pressure at the hip, and over the nerve in the ham; skin cool; bowels open; pulse 88, soft, not full; mouth still sore. A blister to be applied to the left hip. Extract of stramonium, one grain, twice a day; and house medicine as occasion may require.

Aug. 1. Sleeps well, and complains principally of soreness of the mouth, from mercury, having no pain in the hip, except on motion, and then much less; pulse 80; bowels open.

5. Has not any pain in hip when at rest, and only complains when the limb is rotated with considerable force. Can walk a little, with the assistance of crutches; bowels open; pulse 80, soft. To be cupped on the part in pain to twelve ounces; and repeat the extract of stramonium thrice a day.

8. Can walk a little better, and without any pain in the limb; bowels regular; pulse 78; mouth still sore.

15. There is more power in the limb, but cannot yet walk without his crutches; bowels open about once in the day; pulse 76; mouth nearly well. A large plaster of the compound galbanum to be applied to the left hip; and take five grains of calomel every alternate night.

17. One scruple of rhubarb, with a grain of opium immediately.

19. Bowels have been relaxed since he took the rhubarb on the 17th. Otherwise improving.

*Compound infusion of catechu*, an ounce and a half three times a day.

From this time he continued to gain more power in the limb, and was discharged cured on the 29th August.

#### ACUTE SCIATICA.

John Richards, a carpenter and joiner, 42 years of age, was admitted into George's Ward, No. 37, under the care of Dr. Roots, on the 3d September, with severe pain in the right hip, taking the course of the sciatic nerve, extending down the thigh into the calf of the leg, and continuing to the outer part of the foot. The pain is much aggravated by pressure on the nerve in the ham, and he then feels it acutely there and in the

hip, as also in the calf of leg and foot. So long as the limb is passive he is tolerably easy; but on making any attempt to stand, sit, or move, the pain comes on immediately, and most acutely; says he does not sleep well. Pulse 80, full, and soft; bowels open; tongue clean; appetite good; does not perspire. Met with a fall about 30 days since, by which he hurt his foot, and this affection of the nerve came on a fortnight afterwards. Abstract 16 ounces of blood, by cupping from the right hip.

*Submuriate of mercury*, five grains, three times a day.

*Opium*, one grain, every night.

*Compound senna mixture*, to-morrow, if required.

*Milk diet.*

4. Says he has had extreme pain at outer part of foot, so bad as to prevent sleep. Pulse 65, full and soft; has taken compound senna mixture, by which bowels have been evacuated four times.

5. Sleepless night, from pain in the hip, and calf of leg. Pulse 76, full; bowels open; tongue clean.

Twenty-four leeches to calf of right leg, and a blister to right hip.

*Opium*, two grains every night.

*Tartarized antimony*, one-fourth of a grain, three times daily.

6. Slept better. The hip and calf of leg are easier, but cannot bear motion or pressure; the pain is now confined principally to the foot. Pulse soft, and less full; bowels open.

7. The pain at outer part of foot continues, but is much less severe, and has nearly left the hip and calf. Bowels relaxed, and does not sleep well.

Twenty leeches to the outer part of foot.

*Opium*, one-third of a grain,

*Calomel*, two grains, three times a day.

9. Mouth sore, and typhlitis produced by mercury; complained yesterday of thirst and vertigo, on which account the pills of opium and calomel were omitted, and the giddiness and thirst have subsided. Sleeps tolerably, and has lost all pain in the hip and thigh, and there is very little remaining in the calf, but says the pain at outer and back part of foot is increased. Pulse 92, full, but easily compressible; bowels not moved since yesterday.

An ounce of castor oil to-morrow morning, if the bowels be not previously evacuated; twelve leeches to the calf of leg, and twelve to the heel, and afterwards a blister to the heel.

10. Bowels moved four times by castor oil; free from all pain; can stand on right leg, and bear pressure over the nerve in the ham.

12. Complains of nothing but soreness of heel, from the blister. Pulse 78, soft and not full; bowels regular; tongue clean; appetite good. Omit all medicine, except house physic, if required. House diet.

### GUY'S HOSPITAL.

#### EXTENSIVE ABSCESS OF THE THIGH AND LEG, FOLLOWING INJURY TO THE KNEE—AMPUTATION.

admitted August 19, under Mr. Key. Some months previous he received a severe injury to the knee, and after being some time in the hospital, under Mr. Morgan, he was discharged nearly well. Being very much addicted to drinking, on his return home he gave himself up to this baneful habit, and about a month since an abscess made its appearance near the head of the fibula, at its anterior part; he again came to the hospital, and, while there, it burst; he afterwards walked home, but was obliged soon after to return, when he was placed under the care of the senior surgeon. On his admittance, there was a considerable discharge from the wound, which Mr. Key ordered to be enlarged, and the bowels to be regulated by occasional doses of castor oil.

23. Cannot sleep well at night; there is discharge from the wound of a considerable quantity of pus. A large poultice to be applied over the whole of the knee. Half a grain of opium to be taken at night; six ounces of wine daily.

24. Slept well last night; is suffering great pain in his knee, especially if it be touched. Nitric acid lotion to be injected into the wound.

26. Cannot sleep without the opiate at night; complains of great weakness. Ordered a pint of porter, in addition to his wine, daily.

31. Wound discharges a considerable quantity of unhealthy matter; general health beginning to suffer. From this time to September 11, there were no symptoms of improvement, but the man's health declined from the continual discharge. Mr. Key advised him to have the limb removed, to which he consented; and on Saturday last, he was placed on the operating table, and the operation performed in the usual manner, the limb being removed as high up as the middle of the thigh. Since the operation he has been going on remarkably well to the present time (September 16); sleeps well at night; suppuration has commenced, and he takes six ounces of wine daily.

#### Examination of the Limb.

Abscess passing downward at the back

part of the leg, under the gastrocnemius, and round the head of the tibia.

*Femur.*—Abscess passing up between the rectus and crureus, communicating with the knee-joint at its upper and outer part by a considerable opening. The most perfect part of the end of the femur is opposed to the patella towards the condyles; where it rests on the tibia the cartilage is entirely gone; no defined edge of ulceration; gradually lost in the surrounding cartilage.

*Tibia.*—Cartilage on its head entirely gone; at its external edge the articular cartilage small, and in a state of ulceration; on the anterior part the external articular cartilage nearly perfect. Synovial membrane of the joint inflamed, flocculent, and covered with a false membrane.

*Patella.*—Edges of its cartilage softened down. At the back part of the thigh, the superior abscess communicated with the inferior, by a large opening.

### WESTMINSTER HOSPITAL.

#### CASE OF NOLI ME TANGERE.

JANE JENKINS, forty years old, a milk-woman, of gross habit, who has resided many years in the low neighbourhood of Petty-France, came under the care of Mr. Lynn, having suffered several months from lupus. She states that she has, in the course of her occupation, been exposed to great variance of temperature, to heat, damp, and cold, in almost endless succession. To counteract the wretched sensations arising from this routine of life, she was accustomed to indulge freely in a warm potation composed of milk and gin, and to eat highly-seasoned viands.

About a year ago, she perceived her appetite fall off; the stomach became flatulent, bowels constipated, and the skin and columna vasi grew very irritable. The sebaceous follicles situated on that prominent feature became inflamed, red, and indurated. The circular tubercles rose to view which, with the diseased follicles, ulcerated, and became covered with a yellow tenacious exudation. The disease extended laterally to the cheeks, and downwards to the commissures of the lips, and the adjacent skin assumed a fiery red aspect.

Such was her appearance when admitted on the 1st July ult. Ordered to take nightly this powder,

*Calomel*, three grains;

*Powdered rhubarb root*, ten grains. *Mix.* And this lotion to be frequently applied:

*Honey*, an ounce;

*Alcohol*, a fluid ounce;

*Distilled water*, eight fluid ounces. *Mix.* Low diet.

July 3. The crimson hue of the parts, mitigated; the bases of the ulcers circular, elevated, and indurated. The chin is quite exempt. Bowels well moved.

9. The hue of skin less vivid. Bowels sluggish; considerable pain of head. Cupped to eight ounces.

13. An attack of erysipelas has supervened; this commenced last night in the incisions of the scarificator, and has spread over all the right side of the head; right eye closed. Pulse rapid, and moderately full. Tongue furred, of a drab colour.

A dose of calomel and jalap to be given immediately, and an ounce of the following mixture every two hours until it operates:

*Supertartrate of potash*, two scruples;

*Subcarbonate of soda*, one drachm,

*Powdered jalap-root*, one drachm and a half.

*Infusion of senna*, six ounces. Mix. The surface to be liberally dusted with wheat flour, or oatmeal.

12. The bowels have been freely purged. The tongue is clean. Pulse soft, about 78. The erythematous inflammation of the same extent, though less intense. Mr. W. B. Lynn, prescribed this medicine and regimen.

*Compound tinct. of cardamoms*, one oz.

*Aromatic confection*, four drachms.

*Cinnamon water*, eight ounces. Mix.

An ounce to be taken every three hours. A gill of brandy to be drunk every day. The flour to be assiduously employed.

20. The erysipelas has entirely disappeared. The cuticle is scaling off, and the cutis is returning to its natural tint. The tumefaction of integument around the bases of the lupus, has subsided, and a healthy disposition is evinced in the ulcerets, of which the diameter is gradually contracting. The use of the honey and alcohol lotion is resumed, and the bowels are regulated with castor oil.

22. A constant itching in the affected parts; colour naturalizing. No sensation of heat; mouth dry; tongue slightly furred in the centre; an effervescent draught occasionally. Brandy continued, and cordial medicine omitted.

24. Progressively amending, the whole becoming covered with new cuticle; but the black still remains, though less deep.

Aug. 1. The general health is restored, the face completely healed, and the vascularity coalescing by degrees. Discharged this day.

## ST. BARTHOLOMEW'S HOSPITAL.

### OPERATION ON THE LOWER LIP.

Mr. LLOYD, this day, removed a cancerous growth from the lower lip, by a semi-circular incision. The patient

John Ford, æt. 60, underwent the operation with great fortitude and is, notwithstanding the utter impossibility of closing the wound by approximation of the opposite surfaces, doing extremely well, and promises to have a very good lip ultimately. Mr. L. used his own knife, which afforded the spectators an opportunity of witnessing how much pain is spared, and how much more readily the removal of a portion of lip is effected, by the use of a proper instrument.

### PUNCTURE OF THE BLADDER ABOVE THE PINKS.

Charles Windsor, admitted Sept. 1st, under the care of Mr. Earle; has been suffering from a stricture in the urethra for the last twelve months; can only void his urine guttatim.

2. Great tenderness of the abdomen. Countenance anxious. Retention of urine complete. Apply twenty leeches to the abdomen; the bladder had become so enormously distended that Mr. Earle was sent for, who, after making an unsuccessful attempt to introduce the catheter, resorted to the operation—about three pints of thick unhealthy urine escaped; towards the evening he became much easier; is much better to day (3d); tenderness of the abdomen considerably less; urine passing freely through the catheter.

### HYPERTROPHY OF THE LEFT VENTRICLE.

Gillaway Foster, æt. 60, coachman, was admitted into the hospital, August 13th, under the care of Dr. Latham. He had been ill for seven months; he was first seized with pain in the epigastric region, which has continued ever since. During the last sixteen days, symptoms more severe have occurred; the countenance is distressed, the lips are livid; there is œdema of the lower extremities and dyspnoea; tongue clean; bowels costive; urine of the natural colour and quantity. Pulse 60, and hard.

Auscultation, stethus, and rhoncus in every part of the chest; ordered,

*Twelve leeches*, to the chest;

*R Calomel*, two and half grains;

*Squill-pill*, ten grains; to be taken at night.

*Tartrate of potash*, one drachm, in mint water.

15. Dyspnoea rather less; complains of sudden starting from sleep; cough with dark viscid expectoration; urine scanty. The heart's action rather less forcible than yesterday, with occasional intermission. Blister to the chest.

17. Dyspnoea increased; urine less in quantity; pain in the epigastrium increased. Cupping to ten ounces, between the shoulders.

24. Auscultation. A dull, heavy, contraction of the ventricle, with a natural contraction of the auricle, heard very little beyond its natural situation; an occasional intermission seldom recurring perceptibly, in the pulse, as well as the heart's action. Urine very much increased by a dose of the spirit of nitrous ether. In the paroxysms of dyspnoea, the jugular veins became much distended.

Venesection to ten ounces.

The unnatural sounds accompanying the respiration, much diminished since the bleeding; paroxysm of dyspnoea frequently recurs in the evening, which obliges him to turn on himself; sometimes he jumps out of bed.

29. Seems to breathe more easily, but his head is evidently affected.

30. Does not discover any cerebral affection in conversation, but wanders very much when left to himself; very quiet at intervals. Pulse 96.

Sept. 1. Very uneasy, but sleeps occasionally with mouth wide open, snoring loudly. Pulse as before. Answers questions with some difficulty, but correctly.

Sept. 2. Died this morning.

#### *Post-Mortem Examination.*

Trachea and bronchi pale; adhesions of the pleura on both sides of the chest, also to the diaphragm; portions of both right and left lungs sunk in water; posterior part of the lobes filled with sero-purulent, the anterior with sanguineous fluid; there is a narrowing of the right auriculo-ventricular opening; the ventricle diminished in size; an enormous enlargement of the pulmonary artery, its first branch readily admitting two fingers; florid red blood in the left ventricle; the left auriculo-ventricular opening proportionately large; left ventricle distended, its parietes one third thicker than natural; there is a thickening of the arachnoid membrane, with effusion of water upon the surface of the cerebrum as well as a large quantity in the ventricles; the stomach and intestines healthy; a slight ossification about the coronary arteries at their exit; and the commencement of ossification is evident in the arterial system generally, particularly at the division of the common carotid.

### ROYAL WESTERN HOSPITAL.

#### CASE OF STRANGULATED INGUINAL HERNIA, AND OPERATION.

WILLIAM SMITH, of a robust constitution, twenty-seven years of age, was admitted into this hospital, on the 30th July, at noon, with a tumour in the course of the right spermatic chord, and labouring under symptoms of strangulated hernia.

He stated that he had a hernia two years, for which he wore a truss, but having left it off to get it repaired, the intestine descended, whilst cleaning a horse, on the preceding morning, and he had not been able to return it; that he had vomited twice during the morning. His pulse was full, about 105, and there was no tenderness in the abdomen, but a slight pain in the tumour when it was touched.

Mr. Truman being in the hospital at the time of his admission, ordered him to be placed in a warm bath immediately, and while he was in the bath applied the taxis, but without effect, he was then bled to faintness, and the application of the taxis repeated, but still the intestine could not be returned. He was then taken out of the bath, and consented to undergo the operation which Mr. Truman told him would be necessary for his relief. He vomited once in the afternoon, and at six o'clock was removed into the operating theatre. After the tumour had been shaved there appeared a slight excoriation of the skin, which the patient said had been caused by the truss.

#### *Operation.*

Mr. Truman having pinched up the integuments, made an incision through them about three inches long, in the course of the tumour, and next divided a layer of the cellular substance, having first passed a director under it; this part of the operation was repeated till the sac was exposed, which was then opened by cutting through a small portion of the lower part of it, raised between the nails of the thumb and fore finger of the left hand, to avoid wounding the intestine. A small quantity of straw-coloured fluid escaped as soon as this incision was made. A director was then introduced into the sac, which was laid open its whole length, in the direction of the first incision, with a probe-pointed bistouri, when a knuckle of intestine was seen, of a dark mulberry colour, which was attached to the sac by weak adhesions of slight coagulated lymph. The operator after having freed the intestine from the adhesions, introduced the fore finger of the left hand into the inguinal canal, in the first place, to ascertain the seat of the stricture, which he found to be at the internal opening, and next to serve as a director for Sir A. Cooper's hernia bistouri, with which the stricture was divided in a line parallel to the linea alba. The intestine was then gently returned into the abdomen, the lips of the wound brought together, and covered with strips of adhesive plaster and simple dressing, over which a pad of lint, kept in its place by a T bandage, was applied. The patient was then carried to bed.

No medicine that night.

31. Seven o'clock, A.M. Has passed a good night, slept several hours; countenance

good, skin rather hot.\* Pulse full, 108. No tenderness in the abdomen, bowels have not been opened. Ordered,

*Ol. ricini ʒss. stat. sumend.*

Eleven o'clock A.M. Bowels not yet opened, slight tenderness on the right side of the abdomen immediately above the incision. Pulse 108. Ordered,

*Hirudines xxx. loco dolenti stat., et repetat.*

*Ol. ricini, ʒss. post applicationem hirudines.*

The leech bites to be fomented with warm water, and a large cataplasm applied to the abdomen.

Four o'clock, P.M. Pain removed, bowels copiously opened. Complaints of thirst, feels much easier.

Aug. 1. Noon. Passed a good night, no pain. Pulse full, 95. Bowels not opened to day.

*Repet. Ol. ricini.*

2. Passed a better night, no pain; skin hot, bowels freely opened. Pulse rather quick. Ordered,

*Saline mixture.*

3. In every respect better, bowels open, passed a good night. To day she was dressed, and looks very healthy.

From this time no unfavourable symptom occurred, and, with the exception of a few doses of aperient medicine, he required no further medical treatment.

23. Discharged cured.

## ROYAL INFIRMARY, EDINBURGH.

### SIMPLE APOPLEXY, WITHOUT MORBID APPEARANCE.

A MAN, aged 54, of a plethoric habit, and short necked, was admitted into the Clinical Ward, May 30th. He was in a state of perfect coma, speechless, and with palsy of the right side to such an extent, that even the intercostal muscles of that side did not act. The leg and arm of the left side were occasionally affected with convulsive motions. Breathing stertorous, deglutition much impaired; pulse 74. The affection was of three days standing, and had come on with vertigo, loss of vision, violent headache, and vomiting.

All the usual remedies were judiciously and actively employed without benefit. On the 1st of June, there seemed to be a slight return of intelligence, but he soon relapsed into coma, and died on the 3d, without any change in the other symptoms.

#### Inspection.

A most minute and careful examination was made of the brain, without discovering any appearance of disease, except that the

choroid plexus seemed rather darker than usual, and the basilar artery was diseased at one spot. By the side of the artery there was a spot of the cerebral substance no larger than a barleycorn, which appeared somewhat softened, but even this Dr. Duncan considered as extremely doubtful.

Dr. Abercrombie, in his able work on Diseases of the Brain and the Spinal Chord,\* mentions some cases of a similar nature to the above, as fair examples of "simple apoplexy in its idiopathic form." (One of these is that of a woman, aged about 30, of a full habit, who, some years before her death, had been affected with symptoms in the head, accompanied by impaired speech, and partial loss of recollection. Some effects of this attack had continued for a considerable time, especially in her speech; but by degrees she had perfectly recovered, and enjoyed excellent health for a long period preceding the present attack. She was stooping over a washing-tub, when she was seized with a violent fit of sneezing, she almost immediately became insensible, and would have fallen down, had she not been observed and supported by some persons near her, who carried her to bed in a state of perfect apoplexy. All the usual remedies were employed in the most active manner, without the least effect in alleviating any of the symptoms, she lay with all the symptoms of the most perfect apoplexy, and died on the following day. On inspection, no vestige of disease could be discovered in the brain or in any other organ.)

Another case is that of a gentleman, aged 24, who had been observed for some days to be dull and drowsy, and who frequently complained of his head. Not having appeared at his usual time one morning, his friends went into his room, and found him lying across his bed, half dressed, in a state of perfect apoplexy. The attack was evidently recent, and it was supposed that he had been seized while he stooped over his basin in washing. His face was rather livid, his breathing stertorous, his pulse slow, and of good strength. All the usual remedies were employed with assiduity, but through the day there was no change in the symptoms. In the course of the night he recovered considerably, so as to know those about him, but, in a short time after, he relapsed into coma, and died early on the following day, little more than twenty-four hours after the attack. On inspection, there was a slight turgescence of the vessels on the surface of the brain, no other appearance of disease could be detected after the

\* A second and enlarged edition of this work has just been published by Messrs. Wessely and Innes, Edinburgh.

most careful examination. All the other viscera were in a healthy state.

Dr. Abercrombie proposes to term the apoplectic affection thus unaccompanied by satisfactory deviation from the healthy structure, "*simple apoplexy*." This affection leads, he observes, "to speculations of very great interest; for the phenomena of the disease appear fully to establish the important fact, that there is a modification of apoplexy depending upon a cause of a temporary nature, without any real injury done to the substance of the brain; that the condition upon which this attack depends may be removed almost as speedily as it is induced; and that it may be fatal without leaving any morbid appearance in the brain. It is probable that cases of this kind," he remarks further on, "depend upon a cause which is entirely owing to a derangement of the circulation in the brain, distinct from inflammation."

#### ELECTION OF A PHYSICIAN TO THE DERBY INFIRMARY.

*To the Editor of THE LANCET.*

SIR,—It is with feelings of regret and reluctance that I now trouble you with a few lines on the subject of the late election of physician to this Infirmary, and likewise on the conduct since pursued by the unsuccessful candidate and his friends.

Wednesday last, the 26th of August, being the day appointed for the election, the three candidates, Dr. F. Fox, Dr. Baker, and Dr. Calvert, were nominated; the latter gentleman, however, not having arrived in this town till late in the canvass, honourably withdrew his name before going to the ballot. Dr. F. Fox is the eldest son of an eminent and long-resident physician of Derby, and has for the last five or six years been engaged as house surgeon to the Infirmary; during which period he has, to the utmost of his power, devoted both his talents and time to the interests of the institution; this being the unbiased opinion of the governors, he had the honour and satisfaction, on relinquishing his office, to receive at their hands a general vote of thanks for his long and beneficial services.

Dr. Baker is a gentleman, who, having (as I suppose) met with ill support at other stations, at last determined upon testing the possible success of a midland town; on these grounds he fixed his anchor in this over-populated neighbourhood, a little more than a twelvemonth since; I sincerely hope he does not resemble a vessel deserted by her crew, and given up to the storms and winds

which toss her to and fro, and at last is driven on some unknown shore, where, she lingers for awhile, and then becomes a total wreck.

Both candidates approached the balloting room with equal confidence of success, but on enumerating the votes at the close of the poll, the numbers were, for Dr. Fox, 98. Dr. Baker, 74. The election having thus been fairly decided, the competitors returned thanks and separated, one to indulge in his merited good fortune, and the other to bewail his loss, and to form schemes for again introducing himself to the public.

Now, Sir, it is with painful feelings that I come to the consideration of my concluding subject, viz., the conduct since pursued by the unsuccessful candidate and his friends. This gentleman must either have excited his party to the following ignoble proceedings, or he must have allowed himself to be the tool of a factious body. What I complain of is, that on the Monday succeeding the election, four days only having elapsed, a proposition was made by a *packed company* that the number of physicians to the Infirmary be increased from two to three; as you may imagine, from the composition of the meeting, it was carried; but, sir, this partial assembly has not power to make laws, but merely to pass or reject propositions for the consideration of a general meeting of the governors. In the early part of next month this question will come before the public, and I feel confident that it will then meet with the reward it so justly merits, that of being quashed.

It was my intention to have remained a quiet spectator, had these transactions been conducted with decorum and liberality of principle; but, sir, when I see men led astray by such evident party spirit, I cannot, in justice to the opposite body, continue neutral. Let me ask, can any thing be more disingenuous than the practice I have reprobated? What would be the consequences if this system were carried into universal operation? Why, sir, hospitals and infirmaries would become corrupt, and the profession be in a state of open rebellion. It was justly observed, by a governor at the board, "that they were making a place for a man, and looking out a man for a place."

I am, Sir, your obedient servant,

HENRY FRANCIS.

Derby, St. Peter's Street, Sept. 1, 1879.

#### IMPROVEMENTS ON CIVIALE'S LITHONTRITIC INSTRUMENTS.

*To the Editor of THE LANCET.*

SIR,—Few, I believe, are unacquainted with M. Civiale's method of reducing cal-

cull in the bladder to small fragments; so that the stone, instead of being extracted by the lateral incision, may be voided per urethram with the urine, or other injected fluid, by the natural efforts. This, however, was found to be more easy in theory than practice; for although it is possible to grasp the calculus it is not so easy to reduce it to pieces sufficiently small for evacuation, and it is attended with this evil, too, that each fragment becomes the nucleus of other depositions, rendering lithotomy at last necessary, attended with probably increased danger.

In the *Annali Universali di Medicina*, for March 1829, it is stated, that Dr. Pecchioli has introduced improvements in M. Civiale's lithotritic instruments. They possess all the properties of M. Civiale's, with this great advantage, that the force used to break down the calculus, can be either increased or diminished at the will of the operator, which M. Civiale's could not. This improvement is effected by a pulley, by which the surgeon can vary, modify, increase or diminish the force of the machine by means of his hand alone. But the most important modification is, that the perforator in the lithotritic instrument of M. Pecchioli can, at any period of the operation, be converted into a kind of trephine, the diameter of whose circular motions may be varied at will, from the smallest circle to one of eighteen lines in diameter, which allows the pulverisation of the calculus, without being obliged to let it go when bruised, and of seizing again every fragment to make fresh perforations.

In this manner a stone of considerable size may be reduced into powder at once. By this means, then, the dangers are avoided which result from numerous and irregular calculous fragments in the bladder, when the stone has been broken by many perforations after the method of M. Civiale and others.

If, sir, the insertion of this accord with your views, it is quite at your service for that purpose. I am, &c.

JOHN THOMAS.

Hackney, late of Dean-street,  
Borough, Sept. 1829.

#### LECTURES ON THE EYE.

To the Editor of THE LANCET.

SIR,—Permit me to state the inconvenience, many students are put to, who receive their surgical education at the west end of the town. There are four or five lecturers on surgery, and strange to say, only one of them delivers lectures on the pathology of the eye. Now considering the number of diseases this

beautiful and delicate organ is liable to be affected with, and the enormous sums received from pupils for attendance on these lectures, surely, some of the gentlemen might make an extension of a few lectures to their "extended course," at once beneficial to their students, honest as regards themselves, and conferring that information which is calculated to alleviate, in a greater or less degree, the sufferings of mankind.

The insertion of this letter as early as possible will much oblige, and should this hint be the means of producing a reformation in this branch of surgical education, I shall be greatly rejoiced at having called the attention of the Surgical Lecturers to the subject.

I am, Sir, yours,

H. W. DAWHURST.

September 13, 1829.

#### LETTER FROM A DRUGGIST.

To the Editor of THE LANCET.

SIR,—Being a constant reader of your valuable Journal, I perceive, in your last number, the complaints of two surgeons and apothecaries, on the subject of "prescribing druggists." Now, Mr. Editor, do you not consider we have equal right to prescribe aperient draught, or saline mixture, in case of application for it, with surgeons to retail a pennyworth of rhubarb, or magnesia? And as to bleeding and tooth-drawing, Mr. Editor, you must be aware that in many places the blacksmith, or some other professional man of the village, is in the habit of performing both operations with "undoubted" skill. Surely, Mr. Editor, chemists and druggists may be allowed to perform such operations in case of necessity. Does Medicus, of Schaw or Dover, suppose, that in case we receive a prescription from a physician when a patient is ordered to be bled, we shall send it to a surgeon? If so, he labours under a very great mistake. I would ask him why this dreadful grievance was not discovered before, for I venture to say that druggists do not prescribe more than formerly.

The evil then is not to be found here, it exists in the vast increase of apothecaries and surgeons, and you must be aware as well as myself, that there are too many by half to make fortunes. Nevertheless, those who possess abilities have no cause to despair, for they are sure to succeed.

By your insertion of this in your valuable Journal you will oblige

Yours, &c.

A DRUGGIST,

September 14, 1829.

\* Vide their advertisements.

## STATE OF THE PROFESSION.

To the Editor of THE LANCET.

SIR,—Presuming that most, if not all, medical men read your journal, may I intrude on your columns to direct their attention to the principal cause of the present distressed state of the profession, (*the very numerous class of general practitioners*). I would ask, does not the evil rest with the two constituted authorities—the college of surgeons, and the society of apothecaries? The former, I know, requires of its members, that they should at all times maintain the honour and dignity of the profession, and, in return, undertakes to afford them every protection in the practice of it: In what single instance have they redeemed that pledge? It is notorious that hundreds are practising, both in London and in the country, illegally, and without any regular medical education, and that others are daily smuggling themselves into the profession by writing on their doors or windows, surgeon or surgeon-apothecary; thereby imposing both on the profession and on the public. If then the powers which profess to be the guardians of our rights and privileges, remain indifferent to our interests, it behoves us to adopt some plan of our own, to enable the public to distinguish the legally qualified and regularly educated practitioner, from the illegal and impudent intruder. I would suggest, that every member should write up on his door or window, “member of the royal college of surgeons,” “or, licentiate of the society of apothecaries;” and the college and hall ought to inform the public, by constantly advertising, that those who have not this distinction, are practising illegally, or without their sanction. It is high time something was done; and I hope that you, who have always been the advocate of the general practitioner, will give us your able assistance on the subject.

Yours, &c.

London, Sept. 12th. M. R. C. S.

## ERRATUM:

In Dr. Blundell's Sixth Lecture on the Gravid Uterus, Vol. I, page 261, line 8, for “absolute,” read “obsolete.”

## TO CORRESPONDENTS.

Communications received from Mr. Grestham—Mr. Jackson—Mr. Frere—Mr. Croxall—Dr. Wilson—Dr. Harman—Mr. Purton—Mr. Mayne—Mr. Laing—Mr. Rye—Mr. Johnson—Mr. William Young—Mr. F. Young—Dr. Barton—Mr. J. Mytton—Mr. William Lewis—Mr. Edwards—Dr. Twycross—Mr. Litchfield, Dr. McFadden—A Subscriber—A Druggist's Assistant—Chirurgicus—Expositor—O.

“μ.” If the paper can be found, it shall be left at the LANCET office, directed Z. Z. within a week. All letters are usually destroyed if not inserted after a short period.

The explanation of “Amicus Scientiæ,” was received too late to attend the proposed appointment.

The communication of Mr. Edwards reached us too late for insertion this week.

“A Subscriber.” We can have no objection for the description of “sound surgical,” published in No. 313, to be applied to the Bury and Suffolk Hospital.

We will answer A Junior Subscriber's inquiries in our next.

We very much approve of the spirit in which the letter of Mr. Edward Davies is written, but he is wholly wrong in his conclusions. Surely it is not necessary that a reviewer should lay before his readers, every fact which may have influenced him in forming his opinions. The judgment may have been defective, but our honesty cannot be impeached. We regard the work in question as a rank puff, and our only error, if any, was that of forbearance.

Neither the wit nor the flattery of “O.” can induce us to relax in our determination. Besides; “break not a fly upon the wheel.” It could afford “O.” no pleasure to wound the feelings of a most industrious and worthy man.

“Chirurgicus.” *Ensuing session. Verbatim.*

If “Hibernus” will oblige us with a list, we will publish it.

“Senex.” No; not a leaf of it. Can he not perceive that the report owes its origin to the foulest malignity? Unchanged and unchangeable.

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